National Children's Alliance®
*The Force Behind Children's Advocacy Centers*

## Required Documentation Checklist for NCA (Re)Accreditation – 2023 Standards

**Agency Name:**

**Authorized Agency Representative:**

**Physical Address:** **Phone:** **Email:**

**Site Visit:** **Virtual or In-person:**

**Lead Reviewer:** **Secondary Reviewer:**

| **Key**: |
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| **Green** – Component Met |
| **Yellow** – More Information Needed |
| **Blue** – Information Needed On Site |
| **Red** – Not Meeting Component |

| Y/N | Standard | Required Documentation | Notes: |
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| | **NCA Standard # 1: Multidisciplinary Team** | | |
| | 1A | Training certificates that demonstrate a CAC staff member who facilitates MDT has 8 hours of training in team facilitation. | |
| | 1B | Certificates or documentation that demonstrate the designated MDT facilitator has participated in continued education in the field of child maltreatment and/or facilitation for a minimum of eight contact hours every two years. | |

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| | 1C | Documentation of written interagency agreement signed by authorized representatives of all MDT members that clearly commits the signed parties to its collaborative multidisciplinary response to reports of child abuse and the needs of children and families it serves. The interagency agreement must include:<br>1. Law enforcement<br>2. Child protective services<br>3. Prosecution<br>4. Mental health<br>5. Medical<br>6. Victim advocacy<br>7. Children's Advocacy Center. | |
| | 1D | Written protocols and/or guidelines that address:<br>1. Functions of the MDT,<br>2. The roles and responsibilities of each discipline, and their interaction in the CAC, including the MDT facilitator/coordinator.<br>3. Developed with input from the MDT, updated and signed by all MDT partner agencies minimally every 3 years.<br>4. Reviewed annually and updated as needed to reflect current practice. | |
| | 1E | Documentation/confirmation that the MDT including appropriate CAC staff, as defined by the needs of the case, are routinely involved in investigations and/or MDT interventions throughout the case. | |
| | 1F | Confirmation that the CAC/MDT's members participate in effective information sharing that ensures the timely exchange of case information within the MDT, including CAC personnel and is consistent with legal, ethical, and professional standards of practice. | |
| | 1G | The CAC has written documentation describing how information sharing is communicated among MDT members and how confidential information is protected. | |
| | 1H | Documentation that the CAC provides routine opportunities for MDT members to give feedback and suggestions regarding procedures and operations of the CAC/MDT. The CAC has a formal process for reviewing and assessing the information provided. | |

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| | 1I | Documentation that the CAC/MDT annually provides and/or facilitates relevant training or other educational opportunities focused on issues relevant to investigation, prosecution, and service provision to children and their nonoffending caregivers. The CAC demonstrates documented MDT member participation in this annual professional development. | |
| | 1J | Documentation that the CAC/MDT provides formal orientation for new MDT members regarding CAC/MDT Process, policies and procedures, and code of conduct. | |
| | ~~**NCA Standard #2: Diversity, Equity, and Access**~~ | | |
| | ~~2A~~ | ~~Submission of a community assessment that is conducted by the CAC with the MDT, at a minimum of every 3 years, which includes:~~<br>~~a. Community demographics,~~<br>~~b. CAC client demographics,~~<br>~~c. Analysis of disparities between these populations,~~<br>~~d. Methods the CAC utilizes to identify and address gaps, disparities and/or inequities in services~~<br>~~e. Strategies for outreach to un- or underserved communities, in alignment with identified disparities~~<br>~~f. A method to monitor the effectiveness of outreach and intervention strategies.~~ | |
| | ~~2B~~ | ~~Documentation/confirmation that the CAC must ensure that provisions are made for non-English-speaking and deaf and hard-of-hearing children and their family members throughout the investigation, intervention, and case management processes.~~ | |
| | ~~2C~~ | ~~Confirmation that CAC services are accessible and tailored to meet the individualized and unique needs of children and families regarding culture, development, and special needs throughout the investigation, intervention, and case management process.~~ | |
| | ~~2D~~ | ~~Documentation/confirmation that the CAC demonstrates ongoing efforts to recruit, hire, and retain staff, volunteers, and board members that reflect the demographics of the community.~~ | |

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| | ~~2E~~ | ~~Certificates or documentation that demonstrate that all CAC staff have participated in DEI training a minimum of 8 hours every 2 years.~~ | |
| | ~~2F~~ | ~~Documentation that the CAC provides MDT members access to DEI training and information on an annual basis.~~ | |
| | **NCA Standard #3: Forensic Interview** | | |
| | 3A | Certificates that demonstrate that all forensic interviewer(s) have successfully completed training that includes a minimum of 32 hours instruction and practice, and at a minimum includes the following elements:<br>a. Evidence supported interview protocol,<br>b. Pre- and post- testing reflecting understanding of the principles of legally sound interviewing,<br>c. Content includes at a minimum: Child development, question design, implementation of the protocol, dynamics of abuse, disclosure process, cultural competency, suggestibility,<br>d. Practice component with a standardized review process,<br>e. Required reading of current articles specific to the practice of forensic interviewing.<br>**This curriculum must be included on NCA's approved list of nationally or state recognized forensic interview trainings or submitted with the accreditation application.** | |
| | 3B | Certificates or documentation of participation in ongoing education in the field of child maltreatment and/or forensic interviewing consisting of a minimum of 8 hours of CEU/CME credits every 2 years. | |
| | 3C | Documentation that CAC/MDT forensic interview protocols reflect the following items:<br>1. Case acceptance criteria<br>2. Criteria for choosing an appropriately trained interviewer (for a specific case)<br>3. Personnel expected to attend/observe the interview on-site, specifically including those with investigative responsibilities for the case<br>4. Information sharing and communication between the MDT and the | |

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| | | forensic interviewer before and after the interview<br>5. Use of interview aids<br>6. Use of interpreters<br>7. Recording and/or documentation of the interview<br>8. Interview methodology (i.e., state- or nationally recognized forensic interview training models)<br>9. Introduction of evidence in the forensic interviewing process<br>10. Sharing of information among MDT members<br>11. A mechanism for collaborative case coordination<br>12. Criteria and process for conducting a multi-session or subsequent interview<br>13. The use of technology for remote live observation of the forensic interview using a secure method (if applicable)<br>14. The criteria and process for the use of tele-forensic interviews (if applicable) | |
| | 3D | Documentation/confirmation that the CAC allows for real-time observation of forensic interviews by MDT members. | |
| | 3F | Documentation that for cases meeting the CAC case acceptance criteria as outlined in the MDT protocol, forensic interviews are conducted at the CAC, at a minimum of 75% of the time. | |
| | 3G | Certificates or documentation that individuals who conduct forensic interviews at the CAC participate in a structured peer review process for forensic interviewers a minimum of 2 times per year, as a matter of quality assurance. Peer review includes participants and facilitators who are trained to conduct child forensic interviews and serves to reinforce the methodology(ies) utilized and provide support and problem-solving regarding shared challenges. Structured peer review includes:<br>1. Ongoing opportunities to network with, and share learning and challenges with peers,<br>2. Review and performance feedback of actual interviews in a professional and confidential setting,<br>3. Discussion of current relevant research articles and materials,<br>4. Training opportunities specific to forensic interviewing of children and the CAC-specific methodologies. | |

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| | 3H | Documentation/confirmation that the CAC/MDT coordinates information gathering, including history taking, assessments and forensic interview(s) to avoid duplication. | |
| | **NCA Standard #4: Victim Support & Advocacy** | | |
| | 4A | The CAC must demonstrate that all Victim Advocates providing services to CAC clients have successfully completed training that includes a minimum of 24 hours instruction including, but not limited to:<br>1. Dynamics of child abuse,<br>2. Trauma-informed services,<br>3. Crisis assessment and intervention,<br>4. Risk assessment and safety planning,<br>5. Professional ethics and boundaries,<br>6. Understanding the coordinated multidisciplinary response,<br>7. Understanding, explaining, and affording of victim's legal rights,<br>8. Court education, support and accompaniment.<br>9. Knowledge of available community and legal resources, referral methods and assistance with access to treatment and other services, including protective orders, housing, public assistance, domestic violence intervention, transportation, financial assistance, and interpreters, among others as determined for individual clients,<br>~~10. Cultural responsiveness and addressing implicit bias in service delivery;~~<br>11. Caregiver resilience,<br>12. Domestic violence/family violence/children's exposure to domestic violence and poly victimization. | |
| | 4B | Certificates or documentation of participation in ongoing education in the field of victim advocacy and child maltreatment consisting of a minimum of eight contact hours every two years for individuals who provide victim advocacy services for the CAC. | |
| | 4C | Documentation/confirmation that victim advocates serving CAC clients provide the following constellation of services:<br>1. Crisis assessment and intervention, risk assessment and safety planning and support for children and family members at all stages | |

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| | | of involvement with CAC,<br>2. Assessment of individual needs, cultural considerations for child/family and ensure those needs are addressed,<br>3. Presence at CAC during the forensic interview to participate in information sharing, inform and support family about the coordinated, multidisciplinary response, and assess needs of child and non-offending caregiver,<br>4. Provision of education and access to victim's rights and crime victim's compensation,<br>5. Assistance in procuring concrete services (housing, protective orders, domestic violence intervention, food, transportation, public assistance etc.),<br>6. Provision of referrals for trauma focused, evidence - supported mental health and specialized medical treatment, if not provided at the CAC.<br>7. Access to transportation to interviews, court, treatment, and other case-related meetings,<br>8. Engagement in the child's/family's response regarding participation in the investigation/prosecution,<br>9. Participation in case review to: communicate and discuss the unique needs of the child and family and associated support services planning; ensure the seamless coordination of services; and, ensure the child and family's concerns are heard and addressed,<br>10. Provision of updates to the family on case status, continuances, dispositions, sentencing, inmate status notification (including offender release from custody),<br>11. Provision of court education & courthouse/courtroom tours, support, and court accompaniment. | |
| | 4D | Documentation/confirmation that active outreach and follow-up support services for caregivers consistently occurs. | |

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| | 4E | The CAC/MDT's written protocols/guidelines include availability of victim support and advocacy services for all CAC clients throughout the life of the case and participation of victim advocate(s) in the MDT case review. This participation must be in accordance with legal requirements regarding confidentiality. | |
| | 4F | Documentation/confirmation that coordinated case management occurs with all individuals providing victim advocacy services to CAC clients. | |
| | **NCA Standard #5: Medical Evaluation** | | |
| | 5A | Medical evaluations are conducted by health care providers with specific training in child sexual abuse that meets one of the following training standards.<br>**The CAC must demonstrate that its medical provider meets at least ONE of the following training standards through documentation and certificates:**<br>• Child Abuse Pediatrics Sub-board eligibility or certification<br>• Physicians without board certification or board eligibility in the field of Child Abuse Pediatrics, Advanced Practice Nurses, and Physician Assistants should have a minimum of 16 hours of formal didactic training in the medical evaluation of child sexual abuse.<br>• SANE's without advanced practitioner training should have a minimum of 40 hours of coursework specific to the medical evaluation of child sexual abuse followed by a competency based clinical preceptorship. This means a preceptorship with an experienced provider in a clinical setting where | |
| | 5B | Certificates or documentation that medical professionals providing services to CAC Clients have continuing education in the field of child abuse consisting of a minimum of 8 hours every 2 years of CEU/CME credits. (Teaching in the area of child abuse that is approved to provide CEU or CME activity also qualifies for ongoing education credit.) | |
| | 5C | Documentation demonstrating that medical professionals providing services to CAC clients ensure all findings deemed abnormal or "diagnostic" of trauma from sexual abuse undergo expert review by an "advanced medical consultant". (see standard for criteria) | |

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| | 5D | Documentation/confirmation that specialized medical evaluations for the child client are available on-site or through written linkage agreements with other appropriate agencies or providers. | |
| | 5E | Documentation/confirmation that specialized medical evaluations are available and accessible to all CAC clients regardless of ability to pay. | |
| | 5F | Documentation that the CAC/MDT written protocols and guidelines include access to appropriate medical evaluation and treatment for all CAC clients. | |
| | 5G | Documentation that the CAC/MDT's written protocols/guidelines include the circumstances under which a medical evaluation for child sexual abuse is recommended. | |
| | 5H | Documentation of medical findings is maintained by written record and photo-documentation. Medical records storage must be HIPAA compliant. The medical records storage must be secured, sufficiently backed up and accessible to authorized personnel in accordance with all applicable federal and state laws. | |
| | 5I | Certification or documentation that MDT Members and CAC staff are trained regarding the purpose and nature of the medical evaluation for suspected sexual abuse. Designated MDT members and/or CAC staff educate children and caregivers regarding the medical evaluation. | |
| | 5J | Documentation/confirmation that findings of the medical evaluation are shared with the MDT in a routine, timely and meaningful manner. | |
| | **NCA Standard #6: Mental Health** | | |
| | 6A | Mental health services are provided by professionals with training in, and who deliver, trauma-focused, evidence- supported, mental health treatment. The CAC must provide documentation that all mental health providers for CAC clients, whether providing services on-site or by referral and linkage agreement with outside individuals and agencies, meet the following training requirements:<br>1. The CAC must demonstrate its mental health provider(s) has completed 40 contact hours in training and consultation calls to deliver an evidence-supported mental health treatment to children who have experienced trauma from abuse. (Examples include TF- | |

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| | | CBT, PCIT, AF-CBT, CFTSI, EMDR, CPP). Training programs that include fewer than 40 hours (including consultation calls) may be supplemented with contact hours in evidence-based assessment.<br>2. In addition, the CAC must further demonstrate that its mental health provider(s) meets at least ONE of the following academic training standards:<br>• Master's Degree/Licensed/certified or supervised by a licensed mental health professional.<br>• Master's degree/license-eligible in a related mental health field.<br>• Student intern in an accredited graduate program, when supervised by a licensed/certified mental health professional. (Both the student intern and supervising licensed mental health professional must meet the previously indicated 40-hour training requirements.) | |
| | 6B | Certification or documentation that clinicians providing mental health treatments to CAC clients have continuing education in the field of child abuse consisting of a minimum of 8 contact hours every 2 years. | |
| | 6C | Documentation/confirmation that evidence-supported trauma-focused mental health services for the child client are consistently available and include:<br>1. Trauma-specific assessment including traumatic events and abuse-related trauma symptoms,<br>2. Use of standardized assessment measures initially to inform treatment, and periodically to assess progress and outcome,<br>3. Individualized treatment plan based on assessments that are periodically re-assessed,<br>4. Individualized evidence supported treatment appropriate for the child clients and other family members,<br>5. Child and caregiver engagement in treatment,<br>6. Monitoring of trauma symptom reduction,<br>7. Referral to other community services as needed. | |
| | 6D | Documentation/confirmation that mental health services are available and accessible to all CAC child clients regardless of ability to pay. | |

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| | 6E | Documentation that the CAC/MDT's Interagency Agreement/MOU or written protocols/guidelines include access to appropriate trauma-informed mental health assessment and treatment for all CAC clients | |
| | 6F | Documentation that the CAC/MDT's written protocols/guidelines define the role and responsibility of the mental health professional on the MDT, to include:<br>1. Attendance and participation in MDT case review,<br>2. Sharing relevant information with the MDT while protecting the clients' right to confidentiality,<br>3. Serving as a clinical consultant to the MDT on issues relevant to child trauma and evidence-based treatment,<br>4. Supporting the MDT in the monitoring of treatment progress and outcomes. | |
| | 6G | Documentation that the CAC/MDT's written protocols/ guidelines include provisions about the sharing of mental health information and how client confidentiality and mental health records are protected in accordance with state and federal laws. | |
| | 6H | Documentation that the CAC provides supportive services for caregivers to address:<br>1. The safety of the child,<br>2. Caregiver involvement in the child's treatment, when appropriate,<br>3. The emotional impact of abuse allegations,<br>4. Risk of future abuse,<br>5. Issues or distress which the allegations may trigger.<br>(Services are made available on-site or through linkage agreements with other appropriate agencies or providers.) | |
| | 6I | Documentation that clinicians providing mental health treatments to CAC clients participate in ongoing clinical supervision/consultation. Options for meeting this standard include:<br>• Supervision by a senior clinician on-staff at the CAC; or<br>• Supervision with a senior clinician in the community who serves children and families and accepts referrals from the CAC: or<br>• Participating in a supervision call with mental health providers from other CACs within the state, either individually or as a group; | |

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| | | or<br>• Participation in a state chapter or one or more CAC contracts with a senior clinician to provide supervision and consultation calls. | |
| | **NCA Standard #7: Case Review and Coordination** | | |
| | 7A | The CAC/MDT's written protocols/guidelines include criteria for case review and case review procedures.<br><br>The CAC/MDT's written documents must include:<br>1. Purpose of meetings<br>2. Frequency of meetings<br>3. Designated attendees<br>4. Case selection criteria and process for developing case review agenda<br>5. Designated facilitator and/or coordinator<br>6. Mechanism for distribution of agenda and cases to be discussed<br>7. Procedures for addressing follow-up recommendations<br>8. Location of the meeting — may be in person or virtual | |
| | 7B | Documentation that a forum for the purpose of reviewing cases is conducted at least once a month. | |
| | 7C | Attendance records documenting that MDT partner agency representatives actively participate in case review including, at a minimum:<br>1. law enforcement<br>2. child protective services<br>3. prosecution<br>4. medical<br>5. mental health<br>6. victim advocacy, and<br>7. Children's Advocacy Center | |
| | 7D | Demonstration/confirmation that case review is an informed decision-making process with input from all MDT partner agency representatives. (See Blue Book) | |

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| | **NCA Standard #8: Case Tracking** | | |
| | 8A | The CAC/MDT's written protocols/guidelines include the case-tracking process and information gathered through case closure at the CAC, including final civil and/or criminal disposition. | |
| | 8B | The CAC tracks and, at a minimum, is able to retrieve and report NCA Statistical Information.<br><br>NCA statistical information includes the following data:<br>1. Demographic information about the child and family<br>2. Demographic information about the alleged offender<br>3. Type(s) of alleged abuse<br>4. Relationship of alleged offender to child<br>5. MDT members' involvement with children and families and relevant outcomes<br>6. Criminal charges filed and case dispositions<br>7. Child protection outcomes<br>8. Status/follow-through of medical and mental health referrals | |
| | 8C | An individual is identified to implement the case tracking process. | |
| | 8D | CAC/MDT's written protocols/guidelines must outline how MDT partner agencies access case specific information and/or aggregate data for program evaluation and research purposes. | |
| | 8E | Documentation that the CAC has a mechanism for collecting client feedback to inform client service delivery. | |
| | **NCA Standard #9: Organizational Capacity** | | |
| | 9A | Confirmation that the CAC is an incorporated, private non-profit organization or government-based agency or a component of such an organization or agency. | |
| | 9B | Documentation that the CAC maintains, at a minimum, current general commercial liability, professional liability, directors' and officers' liability, and cyber liability insurance as appropriate for its organization. | |

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| | 9C | The CAC has administrative policies and procedures that apply to staff, board members, volunteers, and clients.<br><br>Every CAC must have written policies and procedures that govern its administrative operations. Administrative policies and procedures must include, at a minimum:<br>1. Personnel policies, procedures, and documents<br>a. Job descriptions for all positions<br>b. Anti-discrimination policy<br>c. Conflict of interest policy<br>d. Whistleblower policy<br>e. Social media use policy<br>2. Financial management policies and procedures<br>a. Accounting policies and procedures that demonstrate adequate internal controls and segregation of duties<br>b. Credit card usage policy<br>3. Safety and security policies and procedures<br>a. Code of conduct (this should guide behavior between staff, between staff and team members, and between staff/team members and clients)<br>b. Child protection policies, including the obligation to report abuse<br>c. Emergency response policies<br>d. Building security and safety policy and procedures<br>e. Anti-Violence in the Workplace policy<br>f. Weapons on premises policies and procedures<br>g. Drug usage policy<br>h. Smoke-free environment<br>4. Information technology policies<br>a. Document retention and destruction policies<br>b. Data security policies<br>c. Confidentiality policies — HIPAA requirements | |
| | 9D | The CAC is required to provide the following based on gross annual expenses:<br>• Budget under $200,000: Board-approved Statements<br>• Budget $200,000 – $750,000: Financial Review<br>• Budget equal to or exceeds $750,000: Financial Audit | |

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| | 9E | Documentation that the CAC has, and demonstrates compliance with, written screening policies for staff, board members and volunteers that include national criminal background, sex offender registration, and child abuse registry checks and provides training and supervision to staff and volunteers. In discussion with Board and MDT, determines what is a disqualifying finding in a background check. | |
| | 9F | Documentation of a written Succession Plan to insure the orderly transition and continuance of operation of the CAC. The plan should be developed specific to the uniqueness of the CAC, and include at a minimum;<br>• Temporary staffing strategies,<br>• Long-term and/or permanent leadership replacement procedures,<br>• Cross-training plan,<br>• Financial considerations,<br>• Communication plan<br>• Key positions/functions essential to the operations of the CAC | |
| | 9G | Documentation that the CAC has addressed its sustainability through the implementation of a current strategic plan approved by the governing entity of the CAC. The plan should be no more than 3-5 years old, actively implemented, with a mechanism in place to monitor progress. It should include at, a minimum:<br>• Stakeholder input in plan creation<br>• Goals, objectives, and timeline<br>• Review and approval by CAC board or relevant governing body | |
| | 9H | Documentation that the CAC promotes employee well-being by providing training and resources regarding the effects of vicarious trauma, providing techniques for building resiliency, and maintaining organizational and supervisory strategies to address vicarious trauma and its impact on staff. | |
| | 9I | Documentation that the CAC promotes MDT well-being by providing access to training and information on vicarious trauma and building resiliency to MDT members. | |

| | NCA Standard #10: Child Safety and Protection Standard | | |
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| | 10A | Demonstration that the CAC is a designated, task-appropriate facility or space that:<br>1. is maintained in a manner that is physically and psychologically safe for children and families,<br>2. provides observation or supervision of clients within sight or hearing distance by CAC staff, MDT members or volunteers at all times,<br>3. is convenient and accessible to clients and MDT members,<br>4. Is appropriate for the delivery of CAC services<br>5. Provides age-appropriate and culturally diverse toys and other resources that are childproofed, cleaned, and sanitized to be as safe as possible. | |
| | 10B | Documentation that the CAC has written policies and procedures that ensure separation of victims and alleged offenders. | |
| | 10C | Demonstration that the CAC makes reasonable accommodations to make the facility physically accessible. | |
| | 10D | Demonstration that separate and private areas(s) are available for confidential case consultation and discussion, for meetings or interviews and for clients awaiting services. | |
| | 10E | CACs are required to implement a code of conduct for staff and MDT members ensuring the safety of children and families. The code of conduct must include child abuse prevention practices. Staff members must have received and agreed to the code of conduct. MDT members must be informed of the CAC's code of conduct and the expectation that it guides work within the CAC.<br><br>Code of conduct content must include:<br>• Child safety and well-being as a primary priority and value in the CAC and one that guides policy and practice decisions.<br>• Contact not related to CAC service provision between staff and a child/client is prohibited.<br>• Physical contact between child/client and staff/MDT members | |

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| | | must be consistent with the safety and well-being of the child/client.<br>• Staff interaction with child clients should be interruptible and/or observable.<br>• It is the duty of staff to report suspected child abuse. | |
| | 10F | Documentation of a child safety assessment conducted annually to ensuring that the building and CAC space is a safe and child-focused setting for children and their families. | |
| | 10G | Documentation that all staff and volunteers receive(d) mandated reporter training. Updates to state statutes and mandated reporter laws must be provided to staff and volunteers annually, if applicable. | |