



NATIONAL  
CHILDREN'S  
ALLIANCE®

## NATIONAL CHILDREN'S ALLIANCE SATELLITE CHILDREN'S ADVOCACY CENTER MEMBERSHIP ELIGIBILITY REQUIREMENTS AND APPLICATION PROCESS

### Definition of a Satellite Children's Advocacy Center

Satellites are child-friendly facilities offering onsite forensic interviews and victim advocacy services under the sponsorship and oversight of an NCA Accredited Children's Advocacy Center.

### Eligibility Requirements for NCA Satellite CAC Membership

- A. The Host CAC (holding NCA Accreditation) must be accredited prior to satellite application. And, the Host CAC is responsible for the application process of any satellite. (Applications for satellite membership status will be accepted on a rolling basis from Host CACs. Upon submission the satellite will be linked in all NCA records to the Host CAC, including the Host CAC's accreditation cycle.)
- B. The Host CAC must demonstrate coordination with its Chapter during the planning process. (For example, this may be demonstrated through letters of support to the application and/or involvement in community needs assessment and/or feasibility studies.)
- C. The Chapter must provide requested technical assistance to the Host CAC during the planning process.
- D. The Host CAC must demonstrate how the satellite links to their NCA- approved chapter growth plan and does not duplicate service coverage of any existing Accredited or Developing/Associate Center.
- E. The Host CAC must conduct a needs assessment and feasibility survey which must demonstrate local support and outcomes.
- F. The Host CAC must demonstrate governance of the satellite site.
- G. The Satellite must have a child focused setting/facility and provide onsite forensic interviews and advocacy services. These three requirements must meet the NCA standards for accreditation as listed below.

Furthermore, Host CACs are encouraged to work toward meeting all NCA National Standards for Accreditation in their satellites and incorporating quality assurance into their strategic plans. The requirements for child-focused setting/facility, and the provision of onsite forensic interviews and victim advocacy services will be synchronized with any future updates of the NCA accreditation standards.

\*The text below is an abstract taken from the NCA Standards for Accreditation

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## FORENSIC INTERVIEWS

**STANDARD:** FORENSIC INTERVIEWS ARE CONDUCTED IN A MANNER THAT IS LEGALLY SOUND, OF A NEUTRAL, FACT FINDING NATURE, AND ARE COORDINATED TO AVOID DUPLICATIVE INTERVIEWING.

### **Rationale**

The purpose of a forensic interview in a CAC is to obtain information from a child about the abuse allegations in a developmentally and culturally sensitive, unbiased, legally and fact-finding manner that will support accurate and fair decision-making by the MDT within the criminal justice, child protection, and service delivery systems. Forensic interviews shall be child-centered and coordinated to avoid duplication. When a child is unable or unwilling to provide information regarding any concern about abuse, other interventions to assess the child's experience and safety are required.

The MDT/CAC must adhere to research-based forensic interview guidelines that create an interview environment that enhances free recall, minimizes interviewer influence and gathers information needed by all the MDT members involved to avoid duplication of the interview process.

CAC/MDT protocols and practice need to be congruent. The CAC/MDT must monitor these guidelines over time to ensure that they reflect current practice.

Forensic interviews are the cornerstone of a child abuse investigation, effective child protection and subsequent prosecution, are a gateway to services for the child and family, and may be the beginning of the road toward healing for many children and families. The manner in which a child is treated during the initial forensic interview may significantly impact the

child's understanding of, and ability to respond to the intervention process and/or criminal justice system.

Forensic interviews must be conducted by an appropriately trained professional. Quality interviewing involves an appropriate, neutral setting, effective communication among MDT members, employment of legally sound interviewing techniques, and the selection, training and supervision of interviewers.

CACs vary with regard to who conducts the forensic interview. This role shall be filled by a CAC employed forensic interviewer, law enforcement officers, CPS workers, federal law enforcement officers or other MDT members according to the resources available in the community. At a minimum, any professional in the role of a forensic interviewer must have initial and on-going formal forensic interviewer training that is approved by NCA for purposes of accreditation. State laws may dictate which professionals can or should conduct forensic interviews.

The CAC/MDT's written documents must include the general interview protocol, selection of an appropriately trained interviewer, sharing of information among MDT members, and a mechanism for collaborative case planning. Additionally, for CACs that conduct Extended Forensic Evaluations, a separate, well-defined protocol must be also be articulated.

## **CRITERIA**

### **Essential Components**

- A. Forensic interviews are provided by MDT/CAC staff that has specialized training in conducting forensic interviews.**

**CAC must 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:**

- a. Evidence supported interview protocol,**
- b. Pre- and post- testing reflecting understanding of the principles of legally sound interviewing,**
- c. Content includes at a minimum: Child development, question design, implementation of the protocol, dynamics of abuse, disclosure process, cultural competency, suggestibility,**
- d. Practice component with a standardized review process,**

- e. **Required reading of current articles specific to the practice of forensic interviewing.**

**This curriculum must be included on NCA's approved list of nationally or state recognized forensic interview trainings or submitted with the accreditation application.**

**STATEMENT OF INTENT:** A system must be in place to provide initial training on forensic interviewing for anyone conducting a forensic interview at the CAC. Many CACs use a combination of MDT members and CAC staff to conduct forensic interviews. While many of the members of the MDT may have received general interview training, forensic interviewing of alleged victims of child abuse, and in the context of an MDT response, is considered specialized and thus requires additional specialized training prior to conducting forensic interviews.

- B. **Individuals with forensic interviewing responsibilities must demonstrate participation in ongoing education in the field of child maltreatment and/or forensic interviewing consisting of a minimum of 8 contact hours every 2 years.**

**STATEMENT OF INTENT:** The CAC and/or MDT must provide initial and ongoing opportunities for professionals who conduct forensic interviews to receive specialized training.

- C. **The CAC/MDT's protocols reflect the following items:**
  - a. **Case acceptance criteria**
  - b. **Criteria for choosing an appropriately trained interviewer (for a specific case),**
  - c. **Personnel expected to attend/observe the interview,**
  - d. **Preparation/information sharing & communication between the MDT and the forensic interviewer ,**
  - e. **Use of interview aids,**
  - f. **Use of interpreters,**
  - g. **Recording and/or documentation of the interview,**
  - h. **Interview methodology (i.e., state or nationally recognized forensic interview training model(s)),**
  - i. **Introduction of evidence in the forensic interviewing process,**
  - j. **Sharing of information among MDT members,**
  - k. **A mechanism for collaborative case coordination,**
  - l. **The determining criteria and process by which a child has a multi- session or subsequent interview.**

**STATEMENT OF INTENT:** The general forensic interview process must be described in the agency's written guidelines or agreements. These guidelines help to ensure consistency and quality of interviews and subsequent MDT discussions and decision-making.

- D. MDT members with investigative responsibilities on a case observe the forensic interview(s) to ensure necessary preparation/information sharing with the forensic interviewer and MDT and interviewer coordination throughout the interview and post interview process.**

**STATEMENT OF INTENT:** MDT members, as defined by the needs of the case, are present for the forensic interview. This practice provides each MDT member access to the information necessary to fulfill their respective professional roles. MDT members present include local, state, federal or tribal child protective services, law enforcement and prosecution; others may vary based on case assignments and the unique needs of the case.

- E. 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.**

**STATEMENT OF INTENT:** Forensic interviews of children, as defined in the CAC/MDT's written protocols, will be conducted at the CAC rather than at other settings. The CAC is the setting where the MDT is best equipped to meet the child's needs during the interview.

On rare occasions as determined and approved by the MDT, when interviews take place outside the CAC, the agreed-upon forensic interview guidelines must be utilized. Some CACs have established interview rooms outside of the primary CAC such as at a satellite office. In an alternate setting, MDT members must assure the child's comfort, privacy, and protection from alleged offenders or others who may unduly influence the child.

CACs are encouraged to develop policies that will provide the most comprehensive services and benefit to all children in their communities. Case acceptance criteria may include the various types of abuse which children are victims of and/or witness, other forms of violence/trauma, jurisdictional issues, or the ages of children.

- F. Individuals who conduct forensic interviews at the CAC must 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:**

- a. **Ongoing opportunities to network with, and share learning and challenges with peers,**
- b. **Review and performance feedback of actual interviews in a professional and confidential setting,**
- c. **Discussion of current relevant research articles and materials,**
- d. **Training opportunities specific to forensic interviewing of children and the CAC-specific methodologies.**

**STATEMENT OF INTENT:** Participation in peer review is vitally important to assure that forensic interviewers remain current and further develop and strengthen their skills based on new research and developments in the field that impact the quality of their interviews. Peer review is a complement, not a substitute, for supervision, case review and case planning.

- G. **The CAC/MDT coordinates information gathering including history taking, assessments and forensic interview(s) to avoid duplication.**

**STATEMENT OF INTENT:** All members of the MDT need information to complete their respective assessments and evaluations. Whether it is the initial information gathered prior to the forensic interview, the history taken by the

medical provider prior to the medical evaluation, or the intake by the mental health or victim services provider, every effort should be made to avoid duplication of information gathering from the child and family members and ensure information sharing among MDT members.

## **CHILD-FOCUSED SETTING**

**STANDARD:** THE CHILD-FOCUSED SETTING IS COMFORTABLE, PRIVATE, AND BOTH PHYSICALLY AND PSYCHOLOGICALLY SAFE FOR DIVERSE POPULATIONS OF CHILDREN AND THEIR FAMILY MEMBERS.

### **Rationale**

A CAC requires a separate, child-focused setting designed to provide a safe, comfortable and neutral place where forensic interviews can be appropriately conducted and other CAC services can be provided for children and families. While every center may look different, the criteria below help to define some specific ways that the environment can help children and families feel physically and psychologically safe and comfortable. These include attending to

the physical setting and assuring it meets basic child safety standards, ensuring that alleged offenders do not have access to the CAC, providing adequate supervision of children and families while they are on the premises, and creating an environment that reflects the diversity of clients served.

There is no one “right” way to build, design or decorate a CAC. The CAC should have adequate square footage and conform to generally accepted safety and accessibility guidelines, fire codes, etc. Consideration should be given to future growth and the need for additional space as caseloads increase and additional program components are needed. Care should be taken to ensure that MDT members have access to work space and equipment onsite to carry out the necessary functions associated with their role on the MDT including, but not limited to, meeting with families and appropriate sharing of necessary information.

Special attention should be given to designing and decorating the client service areas. The appearance of the CAC can help facilitate the participation of children and families in the process, largely by helping to alleviate anxiety and instill confidence and comfort in the intervention system. It should communicate, through its design, decor and materials, that the CAC is a welcoming and child- oriented place for all children and their non-offending family members.

## **CRITERIA**

### **Essential Components**

- A. The CAC is a designated, task-appropriate facility or space which includes the following:**
  - a. The CAC is maintained in a manner that is physically and psychologically safe for children and families,**
  - b. The CAC provides observation or supervision of clients within sight or hearing distance by CAC staff, MDT members or volunteers at all times,**
  - c. The CAC is convenient and accessible to clients and MDT members,**
  - d. Any areas where children may be present, and toys and other resources are “childproofed” and cleaned and sanitized to be as safe as possible.**

**STATEMENT OF INTENT:** The CAC has an identified location that is a separate, child-focused setting designed to provide a safe, comfortable and neutral place where forensic interviews can be conducted and other services can be provided for children and families. CACs range

from small, refurbished houses, to a renovated wing of a county office building or community hospital, to newly built facilities.

A center that is physically safe for children is central to the creation of a child- focused setting. This can be a challenge as centers are host to children of a variety of ages and developmental stages. Materials and center furnishings should be selected with this in mind.

To assure a physically and psychologically safe environment, children and families must be observed or supervised by CAC staff, or MDT members, or volunteers ensuring that they are within sight or hearing distance at all times. Some CACs are built so that the waiting room can be seen from the receptionist's desk. Other CACs have volunteers scheduled to supervise play in the waiting room whenever the center is open for clients.

When planning the location of a center, it is important to evaluate the site's accessibility for clients and MDT partner agencies. Considerations should include transportation assistance, travel distances, availability of parking, public transportation, and how welcoming a particular neighborhood is for clients of diverse cultural and socioeconomic backgrounds. Additionally, planning should include consideration for clients who will return to the center for ongoing services such as follow-up meetings, medical appointments, or therapy services.

**B. The CAC has written policies and procedures that ensure separation of victims and alleged offenders.**

**STATEMENT OF INTENT:** The CAC has a setting that is physically and psychologically safe for child clients and separation for children and alleged offenders is ensured. During the investigative process, logic dictates that children will not feel free to disclose abuse if an alleged offender accompanies them to the interview and sits just down the hall in the waiting room. This

separation of children from alleged offenders should also extend to children and perpetrators in unrelated cases. If a CAC shares space with an existing agency that provides services to offenders, facility features and scheduling must assure separation between children and family members and alleged offenders.

The CAC has written policies and procedures that ensure the separation of victims and alleged offenders during the investigative process and as appropriate throughout delivery of the full array of CAC services.

Many CAC's serve a vital role in their community by providing services to children with problematic sexual behaviors. CAC's offering services to this population should have policies and procedures in place to maintain physical and psychological safety for child victims and their families. This includes protected service times when child victims would not be at the center, separate entrances and waiting areas or providing services through linkage agreements at off-site locations.

**C. The CAC makes reasonable accommodations to make the facility physically accessible.**

**STATEMENT OF INTENT:** Recognizing that not all centers are located in custom-designed or new buildings, CACs should make reasonable accommodations to make the facility physically accessible. If the CAC cannot be structurally modified, arrangements for equivalent services are made at alternate locations. The Americans with Disabilities Act (ADA) and/or state legislation provides guidelines on accessibility and CACs must be compliant with those guidelines.

**D. The facility allows for live observation of interviews by MDT members.**

**STATEMENT OF INTENT:** Understanding that multiple interviews and/or multiple interviewers is often stressful for children, interviews should be observed by MDT members in a space other than the interview room to reduce or eliminate a need for duplicative interviews, whether or not interviews are recorded. The MDT should also be able to communicate with the interviewer in some manner to provide input and feedback during the live interview with the child.

**E. Separate and private area(s) are available for those awaiting services, for case consultation and discussion, and for meetings or interviews.**

**STATEMENT OF INTENT:** To assure a physically and psychologically safe environment for children and families, confidentiality and respect for client privacy is of paramount concern in a CAC. It is not acceptable for team members or

CAC staff to discuss cases with children or families where visitors or others not directly involved with the case may overhear them. Separate areas should also be made available for private family member interviews and so that individual family members may privately discuss aspects of their case. Care should be taken to assure that segregated meeting areas are not

only physically separate, but also soundproofed so that conversations cannot be overheard. Some centers have placed soundproofing materials in walls when building or refurbishing their centers. Others have placed stereos or “white noise” machines in rooms to block sound.

## VICTIM SUPPORT AND ADVOCACY

**STANDARD:** VICTIM SUPPORT AND ADVOCACY SERVICES ARE PROVIDED TO ALL CAC CLIENTS AND THEIR CAREGIVERS AS PART OF THE MULTIDISCIPLINARY TEAM RESPONSE.

### **Rationale**

The focus of victim support and advocacy is to help reduce trauma for the child and family members and to improve outcomes. In fact, research demonstrates that parent/caregiver support is essential to reducing trauma and improving outcomes for children and family members. Coordinated victim advocacy services encourage access to, and participation in, investigation, prosecution, treatment and support services and, thus, are a core component of the MDT’s response. Up-to-date information and ongoing support and access to comprehensive services are critical to a child and family’s comfort and ability to participate in an ongoing investigation, possible prosecution, intervention and treatment.

The victim support and advocacy responsibilities are implemented consistent with victims’ rights legislation in the CAC’s state and the complement of services in the CAC’s coverage area. Many members of the MDT may serve as an advocate for a child within their discipline system or agency. However, victim- centered advocacy is a discipline unto itself with a distinct role on the MDT that coordinates and provides services to ensure a consistent and comprehensive network of support for the child and family.

Children and families in crisis need assistance in navigating the multiple systems involved in the CAC response. More than one victim advocate may perform these functions at different points in time, requiring seamless coordination that ensures continuity and consistency in service delivery. This is the responsibility of the CAC and must be defined in the CAC/MDT’s written documents. Some CACs may employ staff that performs advocacy functions (e.g., family advocates, care coordinators, victim advocates, and child life specialists). Some CACs may link with local community-based advocates (e.g., domestic violence advocates, rape crisis counselors, Court Appointed Special Advocates), and/or system- based advocates (e.g., law enforcement victim advocates, prosecutor-based victim witness coordinators). And some CACs do both by employing and linking with such advocates. All advocates providing services to CAC clients must meet the prescribed training and supervision requirements.

## CRITERIA

### Essential Components

- A. Comprehensive, coordinated victim support and advocacy services are provided by designated individual(s) who have specialized training in Victim Advocacy. 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:**
- a. Dynamics of abuse,**
  - b. Trauma-informed services,**
  - c. Crisis assessment and intervention,**
  - d. Risk assessment and safety planning,**
  - e. Professional ethics and boundaries,**
  - f. Understanding the coordinated multidisciplinary response,**
  - g. Assistance in accessing/obtaining victims' rights as outlined by law,**
  - h. Court education, support and accompaniment.**
  - i. Assistance with access to treatment and other services, including protective orders, housing, public assistance, domestic violence intervention, transportation, financial assistance, interpreters, among others as determined for individual clients.**

**STATEMENT OF INTENT:** Victim support and advocacy is integral and fundamental to the MDT response. The support/advocacy responsibilities may be filled by a designated victim advocate and/or by another member of the MDT with appropriate experience and training and that does not conflict with the other role they have on the MDT.

If multiple advocacy agencies share the delivery of services, the CAC is responsible for establishing protocols and linkage agreements agreed upon by the MDT that clearly define the victim advocacy roles and ensure seamless coordination of victim advocacy services.

- B. Individuals who provide victim advocacy services for children and families at the CAC must demonstrate participation in ongoing education in the field of victim advocacy and child maltreatment consisting of a minimum of 8 contact hours every 2 years.**

**STATEMENT OF INTENT:** The CAC and/or MDT must provide initial and ongoing opportunities for professionals who provide advocacy services to receive specialized training and peer support. It is vitally important that victim advocates remain current on developments in the

fields relevant to their delivery of services to children and families and to continue to develop their expertise.

- C. Victim Advocates serving CAC clients must provide the following constellation of services:**
- a. Crisis assessment and intervention, risk assessment and safety planning and support for children and family members at all stages of involvement with CAC,**
  - b. Assessment of individual needs, cultural considerations for child/family and ensure those needs are addressed,**
  - c. Presence at CAC during the forensic interview in order to participate in information sharing, inform and support family about the coordinated, multidisciplinary response, and assess needs of child and non-offending caregiver,**
  - d. Provision of education and access to victim's rights and crime victim's compensation,**
  - e. Assistance in procuring concrete services (housing, protective orders, domestic violence intervention, food, transportation, public assistance etc.),**
  - f. Provision of referrals for trauma focused, evidence -supported mental health and specialized medical treatment, if not provided at the CAC.**
  - g. Access to transportation to interviews, court, treatment and other case-related meetings,**
  - h. Engagement in the child's/family's response regarding participation in the investigation/prosecution,**
  - i. 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,**
  - j. Provision of updates to the family on case status, continuances, dispositions, sentencing, inmate status notification (including offender release from custody),**
  - k. Provision of court education & courthouse/courtroom tours, support, and court accompaniment.**
  - l. Coordinated case management meetings with any and all individuals providing victim advocacy services.**

**STATEMENT OF INTENT:** While the particular constellation of services required by children and families will vary based upon their unique needs and the legal requirements of any civil and/or criminal cases, all children and families need support in navigating the various systems they encounter which are often unfamiliar to them. Crisis assessment and intervention,

advocacy and support services help to identify the child and family's unique needs, reduce fear and anxiety, and expedite access to appropriate services. Families can be assisted through the various phases of crisis management with problem solving, access to critical treatment and other services, and ongoing education, information and support. Crises may recur with various precipitating or triggering events such as financial hardships, child placement, arrest, change/delay in court proceedings, preparation for court testimony, etc. Children may experience crisis and trauma, including suicidal ideation, at unanticipated times. Many CACs provide advocacy services for children and their family members on-site and/or through linkage agreements with other community agencies or system-based providers.

State and federal laws require that victims of crime, including child abuse, are informed regarding their rights as crime victims, including information about, and eligibility for, crime victim compensation. Caregivers who are affected by the crime may also be entitled to services. Generally, children and their families will be unfamiliar with their legal rights. Therefore, information regarding rights and services should be routinely and repeatedly explained as necessary and made available to all children and their caregivers.

Victim support and advocacy is integral and fundamental to the MDT response. The support/advocacy function may be filled by a paid CAC staff person or a trained MDT member serving in that designated role. Regardless of the CAC's model, appropriately trained individual(s) must be identified to fulfill these responsibilities. If more than one victim advocate is providing services to the same family, case management meetings that provide opportunities for discussion of individual and shared case responsibilities, needed services, follow-up, and ongoing assessment and intervention are required.

Often families have never been involved in this multi-system response, which can prove intimidating and confusing. Active outreach requires follow-up with families beyond initial assessment and crisis response. Follow-up services after the initial contact at the CAC must include ongoing, regular contact until the CAC concludes its involvement with the case.

In the aftermath of victimization, the child and family typically feels a significant loss of control. Education provides information that is empowering. Education must be ongoing and even repetitive as needed because families may be unable to process so much information at one time, particularly in the midst of a crisis, and their needs change over time. The family may be dealing with immediate safety issues, and may be coping with the emotional impact of the initial report and ensuing process. They may need a variety of concrete medical, mental health, and social services. As the case dynamics change, and as the case proceeds through the various systems, the needs of the child and family must continue to be assessed so that additional relevant information, support and services can be offered.

**D. Active outreach and follow-up support services for caregivers are consistently available.**

**STATEMENT OF INTENT**

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**E. 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 MDT case review.**

**STATEMENT OF INTENT:** Because victim support/advocacy is a central function of the CAC response, the availability and provision of ongoing victim support and advocacy by designated, trained individuals must be included in the CAC/MDT's written documents. The manner in which services, both within and outside the CAC, are coordinated must be clearly defined, including the role of the victim advocate during the interview process, follow-up, and case review.

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\*end of abstract

- H. The Satellite CAC must have the capacity for the provision of medical and mental health services on-site or through linkages in the local community.
- I. Host CAC must demonstrate agreements (MOUs) with partner agency representatives from the Satellite CAC service area.
- J. The Host CAC must demonstrate case review and tracking systems that identify children specific to the Satellite location.

- K. The Satellite must demonstrate designated staff that coordinates the response and provision of services.
- L. The Host CAC must remain in good standing with NCA, inclusive of its Satellite.

### **Satellite Application Process And Fees**

Application: Applying for Satellite membership with the National Children’s Alliance is an elective process. Completed applications must include the narrative responses to the three NCA National Standards for Accreditation (Forensic Interview, Victim Advocacy, and Child Focused Setting), the required attachments, and the application processing fee.

Preparing the Application package:

Prepare all application files in a folder named - State abbreviation, city, organization name. Example: “TN, Gallatin, Ashley’s Place”.

The application folder should include the completed files in the following order (the names of the files must be as written below)

**“A. Application Cover Page, state abbreviation, city”**

**“B. Application Narrative, state abbreviation, city”**

**“C. Application Attachments Table of contents page, state abbreviation, city”**

**“D. Application Attachments, state abbreviation, city”**. Please scan the attachments in the order listed in the “C. Application Attachments Table”. Make sure that the name of each file starts with the corresponding number in the attachment table. If the file is too large it may be broken in to two/three while maintaining the order.

Upon the receipt of your application you will be contacted by an NCA Program Associate to confirm the receipt. Initial feedback and any request for additional documentation and narrative information based on the application review will occur within 30 days of receipt. At that time, a conference call will be scheduled between NCA representatives and the Satellite management staff, MDT from the Satellite service area, and senior leadership of the Staff and Board from the Host Agency.

**Fees:** An application fee of \$300 is required for Satellite membership. Dues of \$300 are assessed annually. Please submit your check in the amount of \$300 along with the application.

**Requirements:** All Satellite Members are required to submit statistical data including the number of children seen, their demographics and services provided every 6 months. All statistical data specific to the Satellite location must be submitted online through NCA.trak. The deadlines for submissions are July 15<sup>th</sup> and January 15<sup>th</sup>. Bi-annual statistics may be submitted either through the Host site OR directly to NCA. Please ensure non-duplication of this submission by submitting only one way.

**Resources:** Numerous resources are available to communities seeking to develop a Children's Advocacy Center. For instance, NCA offers grant funds through its annual solicitation, and professional education through its annual Leadership Conference and other national child maltreatment conferences. The Regional Children's Advocacy Centers (RCACs) are independently operated training and technical assistance resource centers working in partnership with National Children's Alliance. The RCACs provide many services including consultation and mentoring, specialized training for local communities, community readiness evaluations, and regional conferences and training academies.

For more information on the Satellite Membership category, call the NCA Department of Member Relations and Grants at 1-800-239-9950.

In order to stay informed about any updates and changes, please visit our website [www.nca-online.org](http://www.nca-online.org) and check the messages on the listserve.