

# 2017 CAC Accreditation Application

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## Organizational Information

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### State Abbreviation, City (example: MD, Annapolis)

Please enter this field, following the exact format above, as a way for NCA to identify your application internally.

### Agency Name:

### Authorized Agency Representative:

### Title:

### Physical Address:

### Mailing Address (if different than above):

### Phone:

### Email:

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**Web Address:****Board President:**

(if the organization is under an Umbrella/Government Agency, please enter the authorized individual/supervisor affiliated with the Umbrella or Government Agency)

**Role/affiliation with CAC:**

(i.e. Board President/supervisor of CAC Director on behalf of the Umbrella organization):

**If under an Umbrella/Government Agency, please provide the name of the agency:**

**If your agency is part of an Umbrella Program with multiple centers, please explain the relationship for your agency with the other centers and provide the names, addresses and NCA membership status of all the centers:**

**Does your Accredited Member Agency have multiple sites?**

- Yes  
 No

# Template

**Are there other CAC/MDTs that have a common service coverage as yours?**

- Yes  
 No

**Applying for:**

- Accreditation  
 Re accreditation

**Current Membership Status:**

- Accredited  
 Associate/Developing  
 Non-member  
 Affiliate

**Population of Area Served:**[Save & Continue Editing](#)[Next](#)



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## Standard 1

This is my Form.

**Standard 1: Multidisciplinary Team- A MULTIDISCIPLINARY TEAM FOR RESPONSE TO CHILD ABUSE ALLEGATIONS INCLUDES REPRESENTATION FROM THE FOLLOWING: • LAW ENFORCEMENT • CHILD PROTECTIVE SERVICES • PROSECUTION • MEDICAL • MENTAL HEALTH • VICTIM ADVOCACY • CHILDREN'S ADVOCACY CENTER**

**Component 1A:**

**Does the CAC/MDT have a written interagency agreement that includes the signatures of authorized representatives of all listed MDT components that clearly commits the signed parties to the CAC model for its multidisciplinary child abuse intervention response?**

|                           | Yes                      | No                       |
|---------------------------|--------------------------|--------------------------|
| Law Enforcement           | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Protective Services | <input type="checkbox"/> | <input type="checkbox"/> |
| Prosecution               | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health             | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Victim Advocacy           | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Advocacy Center     | <input type="checkbox"/> | <input type="checkbox"/> |

**How does the written agreement clearly commit the signed parties to the CAC model for its multidisciplinary child abuse intervention response? Please briefly explain.**

### Please upload the Signed Interagency Agreement

Choose File

 No file chosen

#### **Component 1B:**

#### **Do the CAC/MDT Written Protocols and/or Guidelines Address:**

1. The functioning of the MDT.

Yes No

**Please cite the document and page number where this information can be found.**

2. The roles and responsibilities of each discipline, and their interaction in the CAC.

Yes No

**Please cite the document and page number where this information can be found.**

3. Developed with input from the MDT.

Yes No

**Please briefly describe the process.**

4. Reviewed minimally every 3 years, and updated as needed to reflect current practice.

Yes No

**Please list the date of the most recent signatures.**

Template

**Please upload the CAC/MDT Written protocols and/or guidelines**

No file chosen

**If this information is already included in a previously uploaded attachment please list the attachment name and page number.**

**Component 1C:**

**Are all members of the MDT including appropriate CAC staff, as defined by the needs of the case routinely involved in investigations and/or MDT interventions**

- Yes
- No

Template

**If no, please briefly explain which MDT partner (s) are not routinely involved and why.**

**Component 1D:**

**How do CAC/MDT's members participate in effective information sharing that ensures the timely exchange of case information within the MDT, including CAC personnel and consistent with legal, ethical and professional standards of practice?**

**Does your CAC collect MDT Surveys through the OMS - Outcome Measurement System? Note:**

**Active use of this tool provides an effective means of measurement for meeting this standard.**

- Yes
- No

**Component 1E:**

**How does the CAC written documentation describe how information sharing is communicated among MDT members and how confidential information is protected?**

**Please upload the CAC/MDT policy/procedure for information sharing for all members.**

No file chosen

**If this information is already included in a previously uploaded attachment please list the attachment name and page number.**

Template

**Component 1F:**

**How does the CAC provide routine opportunities for MDT members to provide feedback and suggestions regarding procedures/operations of the CAC/MDT?**

**Does the CAC use the MDT survey for OMS as a mechanism to solicit feedback?**

- Yes
- No

**If yes, please upload your most recent MDT Survey Results.**

No file chosen

**If yes, how have the findings been used? Please briefly explain.**

**How does the CAC review and assess the information provided?**

**Component 1G:**

**Does the CAC/MDT annually provide or facilitate, relevant training or other educational opportunity focused on issues relevant to investigation, prosecution, and service provision for children and their non-offending caregivers?**

- Yes
- No

Template

**Please briefly explain.**

**Please upload demonstration that the CAC has provided training or other educational opportunities to MDT members focused on issues relevant to investigation, prosecution, and service provision for children and their non-offending caregivers.**

No file chosen

**If this information is already included in a previously uploaded attachment please list the attachment name and page number.**



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### Standard 2

**Standard 2: Cultural Competency and Diversity: THE CHILDREN'S ADVOCACY CENTER PROVIDES CULTURALLY COMPETENT SERVICES FOR ALL CAC CLIENTS THROUGH OUT THE LIFE OF CASE**

**Component 2A:**

**Does the CAC conduct a community assessment at a minimum of every 3 years, which includes? Check all that apply**

Template

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Community demographics  | <input type="checkbox"/> | <input type="checkbox"/> |
| Analysis of disparities between these populations                             | <input type="checkbox"/> | <input type="checkbox"/> |
| CAC client demographics   | <input type="checkbox"/> | <input type="checkbox"/> |
| Methods the CAC utilizes to identify and address gaps in services             | <input type="checkbox"/> | <input type="checkbox"/> |
| Strategies for outreach to un- or underserved communities                     | <input type="checkbox"/> | <input type="checkbox"/> |
| A method to monitor the effectiveness of outreach and intervention strategies | <input type="checkbox"/> | <input type="checkbox"/> |

**Please upload your Community Assessment**

No file chosen

**Component 2B:**

**How does the CAC ensure that provisions are made for non-English speaking and deaf or hard of hearing children and their family members throughout the investigation, intervention, and case management process?**

**Component 2C:**

**Component 2D:**

**Describe the CACs ongoing efforts to recruit, hire, and retain staff, volunteers, and board members that reflect the demographics of the community.**

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### Standard 3

**Standard 3: FORENSIC INTERVIEWS ARE CONDUCTED IN A MANNER THAT IS LEGALLY SOUND, OF A NEUTRAL, FACT FINDING NATURE, AND ARE COORDINATED TO AVOID DUPLICATIVE INTERVIEWING**

**Component 3A:**

Are ALL forensic interviews provided by MDT/CAC staff that have specialized training in conducting forensic interviews that meet the NCA training requirements for content and constituting at least 32 hours of training?

- Yes
- No

# Template

List names of all those providing Forensic Interviews at the CAC whether staff or MDT member, and identify the national or state training attended that meets these training requirements.

|  | Name (First and Last) | Employer             | Forensic Interview Training |
|--|-----------------------|----------------------|-----------------------------|
|  | <input type="text"/>  | <input type="text"/> | <input type="text"/>        |
|  | <input type="text"/>  | <input type="text"/> | <input type="text"/>        |
|  | <input type="text"/>  | <input type="text"/> | <input type="text"/>        |
|  | <input type="text"/>  | <input type="text"/> | <input type="text"/>        |
|  | <input type="text"/>  | <input type="text"/> | <input type="text"/>        |
|  | <input type="text"/>  | <input type="text"/> | <input type="text"/>        |

Can the CAC 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: Check all that apply

Yes No

Evidence supported interview protocol

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- Content includes at a minimum: Child development, question design, implementation of the protocol, dynamics of abuse, disclosure process, cultural competency, suggestibility
- Practice component with a standardized review process
- Required reading of current articles specific to the practice of forensic interviewing

**Required Attachments: Attach documentation of training completion for all listed individuals.**

No file chosen

**Component 3B:**

**Can Individuals with forensic interviewing responsibilities demonstrate 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?**

- Yes
- No

**Required Attachment: Please upload documentation for all Forensic Interviewers on the aforementioned list in 3A.**

No file chosen

**Component 3C:**

**Please identify where in the CAC/MDT's protocols each of the following items are reflected, site the page number and paragraph number below.**

Case acceptance criteria

Criteria for choosing an appropriately trained interviewer (for a specific case)

Personnel expected to attend/observe the interview

Preparation/information sharing & communication between the MDT and the forensic interviewer

Use of interview aids

Use of interpreters

Recording and/or documentation of the interview

Interview methodology (i.e., state or nationally recognized forensic interview training model(s))

Introduction of evidence in the forensic interviewing process

Sharing of information among MDT members

A mechanism for collaborative case coordination

The determining criteria and process by which a child has a multi-session or subsequent interview



**Required Attachment: Please upload CAC/MDT Written protocols/guidelines**

No file chosen

**Component 3D:**

Which 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?

**Component 3E:**

What is the case acceptance criteria?

For cases meeting the CAC case acceptance criteria as outlined in the MDT protocol, are forensic interviews conducted at the CAC a minimum of 75% of the time?

- Yes  
 No

If no, please explain why those cases aren't referred to the CAC.

Please describe how this is determined and monitored.

# Template

**Required Attachment :** Please upload MDT Statistical Data, Documentation demonstrating minimum 75% of cases meeting case acceptance criteria interviewed at the CAC.

No file chosen

If this information is already included in a previously uploaded attachment please list the attachment name and page number.

**Component 3F:**

Do 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?

- Yes  
 No

Please briefly explain.

Does peer review include participants and facilitators who are trained to conduct child forensic interviews and serves to reinforce the

No

Does the peer review include anyone other than forensic interviewers and a facilitator? If so, who and why? Please briefly explain.

Does peer review include each of the following components? Check all that apply

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| • Ongoing opportunities to network with, and share learning and challenges with peers,                     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Review and performance feedback of actual interviews in a professional and confidential setting,         | <input type="checkbox"/> | <input type="checkbox"/> |
| • Discussion of current relevant research articles and materials,  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Training opportunities specific to forensic interviewing of children and the CAC-specific methodologies. | <input type="checkbox"/> | <input type="checkbox"/> |

**Required Attachment : Please upload documentation demonstrating peer review agenda/format and attendance at structured peer review by all forensic interviewers conducting interviews at the CAC at minimum 2 times per year**

No file chosen

**Component 3G:**

How does the CAC/MDT coordinate information gathering including history taking, assessments and forensic interview(s) to avoid duplication?



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### Standard 4

**STANDARD 4: VICTIM SUPPORT AND ADVOCACY SERVICES ARE PROVIDED TO ALL CAC CLIENTS AND THEIR CAREGIVERS AS PART OF THE MULTIDISCIPLINARY TEAM RESPONSE.**

**Component 4A:**

**Are comprehensive, coordinated victim support and advocacy services provided by designated individual(s) who have specialized training in Victim Advocacy?**

- Yes
- No

# Template

**List all Advocates providing support and advocacy services.**

|  | Name (first and last) | Employer             | Type of Advocacy Services Provided |
|--|-----------------------|----------------------|------------------------------------|
|  | <input type="text"/>  | <input type="text"/> | <input type="text"/>               |
|  | <input type="text"/>  | <input type="text"/> | <input type="text"/>               |
|  | <input type="text"/>  | <input type="text"/> | <input type="text"/>               |
|  | <input type="text"/>  | <input type="text"/> | <input type="text"/>               |
|  | <input type="text"/>  | <input type="text"/> | <input type="text"/>               |

**Can the CAC 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: check all that apply.**

- |                          | Yes                      | No                       |
|--------------------------|--------------------------|--------------------------|
| Dynamics of abuse        | <input type="checkbox"/> | <input type="checkbox"/> |
| Trauma-informed services | <input type="checkbox"/> | <input type="checkbox"/> |



|   |                          |                          |
|---|--------------------------|--------------------------|
| Professional ethics and boundaries  | <input type="checkbox"/> | <input type="checkbox"/> |
| Understanding the coordinated multidisciplinary response  | <input type="checkbox"/> | <input type="checkbox"/> |
| Assistance in accessing/obtaining victims rights as outlined by law   | <input type="checkbox"/> | <input type="checkbox"/> |
| Court education, support and accompaniment  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |

**Required Attachment: Please upload documentation demonstrating 24 hours with content and completion for each of the 9 required components as listed above.**

No file chosen

**Component 4B:**

**Can all individuals who provide victim advocacy services for children and families at the CAC 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?**

- Yes
- No

**If no, please explain why.**

Template

**Required Attachment: Please upload documentation demonstrating completion of required 8 hours ongoing education for all victim advocates providing services to CAC clients.**

No file chosen

**Component 4C:**

**Please explain how (which CAC staff or MDT partner) victim advocates serving CAC clients provide each of the following constellation of services:**

**What agency or MDT member provides crisis assessment and intervention, risk assessment and safety planning and support for children and family members at all stages of involvement with CAC ?**

**How are the individual needs assessed and cultural considerations for child/family addressed?**

**What agency or MDT member is present 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?**

**What agency or MDT member provides education and access to victim's rights and crime victim's compensation?**

**Is assistance provided in procuring concrete services (housing, protective orders, domestic violence intervention, food, transportation, public assistance etc .)?**

- Yes
- No

**How are referrals made for trauma focused, evidence –supported mental health and specialized medical treatment, if not provided at the CAC .**

**How is access to transportation to interviews, court, treatment and other case-related meetings provided?**

**Is there engagement in the child’s/family’s response regarding participation in the investigation/prosecution ?**

- Yes
- No

**What agency or MDT member participates in case review to: communicate and discuss the unique needs of the child and family and associated support services planning; ensuring the seamless coordination of services; and, ensuring the child and family’s concerns are heard and addressed?**

**What agency or MDT member provides updates to the family on case status, continuances, dispositions, sentencing, inmate status notification (including offender release from custody )?**

Template

**What agency or MDT member provides court education & courthouse/courtroom tours, support, and court accompaniment?**

**Please describe how coordinated case management meetings with any and all individuals providing victim advocacy services occurs?**

**Component 4D:**

**Is active outreach and follow-up support services for caregivers consistently available?**

- Yes
- No

**Please briefly explain what follow-up occurs with caregivers following the date of the interview? Is there a schedule of contacts? What triggers follow-up?**

Save & Continue Editing Save & Exit

**Do 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?**

- Yes
- No

**Please provide the document name and page number where this information can be found. (the document can be uploaded below if not previously uploaded)**

**Do the CAC/MDT's written protocols/guidelines include requirement for participation of victim advocate(s) in MDT case review?**

- Yes
- No

**Please provide the document name and page number where this information can be found. (the document can be uploaded below if not previously uploaded)**

**Required Attachment: Please upload the CAC/MDT Written protocol/guidelines.**

No file chosen





## Standard 5

**Medical Standard: SPECIALIZED MEDICAL EVALUATION AND TREATMENT SERVICES ARE AVAILABLE TO ALL CAC CLIENTS AND COORDINATED AS PART OF THE MULTIDISCIPLINARY TEAM RESPONSE.**

### **Component 5A:**

**Are medical evaluations conducted by health care providers with specific training in child sexual abuse that meets one of the following training standards?**

Yes

No

# Template

**The CAC must demonstrate that its medical provider meets at least ONE of the following Training Standards: Please list the providers name/names next to their corresponding training requirement.**

**Child Abuse Pediatrics Sub-board eligibility or certification**

**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 (see Appendix 2).**

**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 the SANE can demonstrate competency in performing exams. (see Med-Appendix 2 or IAFN guidelines).**

**Required Attachments: Please upload documentation demonstrating completion of training requirement for each medical provider providing medical exams for CAC clients.**

 No file chosen

**Component 5B:**

**Do all medical professionals providing services to CAC clients demonstrate continuing education in the field of child abuse consisting of a minimum of 8 contact hours every 2 years?**

- Yes
- No

**Required Attachment: Please upload documentation of participation in required training for all medical providers conducting medical exams for CAC clients**

 No file chosen

Template

**Component 5C:**

**Do all medical professionals providing services to CAC clients demonstrate, at a minimum, that 50% of all findings deemed abnormal or “diagnostic” of trauma from sexual abuse have undergone expert review by an “advanced medical consultant”?**

Note: Please assure only de-identified log or form of documentation is provided

- Yes
- No

**Please list the name and qualifying expertise or the system being used to provide expert review by an “advanced medical consultant”.**

**Required Attachment: Please upload documentation demonstrating minimum required expert**

**review of cases by advanced medical consultant.**

Choose File No file chosen

**Component 5D:****Are specialized medical evaluations for the child client available on-site?**

Yes

No

**Are specialized medical evaluations available through written linkage agreements with other appropriate agencies or providers?**

Yes

No

**If Yes: Required Attachment: Please upload the Medical linkage agreement**

Choose File No file chosen

# Template

**Component 5E:****Are specialized medical evaluations available and accessible to all CAC clients regardless of ability to pay?**

Yes

No

**How is the decision made to whom to offer exams?****What are the sources of payment?**

**Component 5F:**

**Does the CAC/MDT written protocols/guidelines include access to appropriate medical evaluation and treatment for all CAC clients?**

Yes

No

**Required Attachment: Please upload the CAC/MDT Written protocols/guidelines.**

 No file chosen

**If this information is already included in a previously uploaded attachment please list the attachment name and page number.**

# Template

**Component 5G:**

**Does the CAC/MDT written protocols/guidelines include the circumstances under which a medical evaluation for child sexual abuse is recommended?**

Yes

No

**Required Attachment: Please upload the CAC/MDT Written protocols/guidelines.**

 No file chosen

**If this information is already included in a previously uploaded attachment please list the attachment name and page number.**

**Component 5H:**

**Please describe how the medical providers conducting exams for CAC clients collect documentation of medical findings by written record?**

**Please describe how the medical providers conducting exams for CAC clients collect documentation of medical findings by photo- documentation?**

**Component 5I:**

# Template

**How are MDT members and CAC staff trained regarding the purpose and nature of the medical evaluation for suspected sexual abuse? Please explain in the space below.**

**Who educates clients and/or caregivers regarding the medical evaluation? How?**

**Component 5J:**

**How are findings of the medical evaluation shared with the MDT in a routine, timely and meaningful manner?**



**Does the CAC/MDT coordinate information gathering including history taking, assessments and forensic interview(s) to avoid duplication?**

Yes

No

**Please briefly explain:**

**Save & Continue Editing**

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### Mental Health

**STANDARD 6: EVIDENCE BASED TRAUMA-FOCUSED MENTAL HEALTH SERVICES, DESIGNED TO MEET THE UNIQUE NEEDS OF THE CHILDREN AND CAREGIVERS, ARE CONSISTENTLY AVAILABLE AS PART OF THE MULTIDISCIPLINARY TEAM RESPONSE.**

**Component 6A:**

**Are mental health services provided by professionals with training in, and who deliver, trauma-focused, evidence-supported, mental health treatment?**

- Yes
- No

# Template

**Do 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 listed below?**

- Yes
- No

**Training requirements for the mental health providers: Please list the providers names next to their corresponding training.**

A: The CAC must demonstrate that its mental health provider(s) has completed 40 contact hour CEUs in accordance with the provider's mental health related license requirements, CEUs from specific evidence-based treatment for trauma training, and clinical supervision hours by a licensed clinical supervisor.

B: Master's Degree/Licensed/certified or supervised by a licensed mental health professional.

C: Master's degree/license-eligible in a related mental health field.

D: Student intern in an accredited mental health related 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.)

**Required Attachment: Please upload documentation demonstrating completion of training requirement for each mental health provider providing services for CAC clients.**

No file chosen

**Do all clinicians providing mental health treatments to CAC clients demonstrate completion of continuing education in the field of child abuse consisting of a minimum of 8 contact hours every 2 years?**

- Yes
- No

**If no, please explain:**

**Required Attachment: Please upload documentation of participation in required training for all mental health clinicians providing services for CAC clients.**

No file chosen

**Component 6C:**

**Evidence-supported, standardized, trauma-focused mental health services for the child client are consistently available.**

What evidence supported, trauma focused mental health services are offered?

What standardized measures are used in the trauma assessment?

How is treatment tailored to the findings of the assessment?

**Component 6D:**

# Template

**Are mental health services available and accessible to all CAC child clients regardless of ability to pay?**

- Yes
- No

**Please explain how referral decisions are made and what routine sources of payment are utilized?**

**Component 6E:**

**Do 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.**

- Yes
- No

**Please upload 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.**

No file chosen

**Component 6F:**

The CAC/MDT's written protocols/guidelines define the role and responsibility of the mental health professional on the MDT, to include? Please list the page number the information can be found on below.

a) Attendance and participation in MDT case review,

b) Sharing relevant information with the MDT while protecting the clients' right to confidentiality,

c) Serving as a clinical consultant to the MDT on issues relevant to child trauma and evidence based treatment,

d) Supporting the MDT in the monitoring of treatment progress and outcomes.

**Required Attachment: Please upload the CAC/MDT Written protocols/guidelines.**

No file chosen

If this document was already uploaded please list the document name and page number to find the relevant information.

**Component 6G:**

Do 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.

Yes

No

Template

Please list the document name and page number where this information is located:

**Component 6H:**

Please describe the mental health supportive services provided to caregivers?

Are services made available on-site?

Yes

No

If yes, please explain:

**Are services made available through linkage agreements with other appropriate agencies or providers?**

- Yes
- No

**If yes, Required Attachment: Please upload the Mental Health Linkage Agreements**

No file chosen

**Component 6!:**

**Please describe the clinical supervision/consultation participated in by all clinicians serving CAC clients?**

**Required Attachment: Please upload documentation demonstrating clinician(s) participation in supervision/consultation**

No file chosen

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### Case Review

**STANDARD 7: A FORMAL PROCESS IN WHICH MULTIDISCIPLINARY DISCUSSION AND INFORMATION SHARING REGARDING THE INVESTIGATION, CASE STATUS AND SERVICES NEEDED BY THE CHILD AND FAMILY IS TO OCCUR ON A ROUTINE BASIS**

**Component 7A:**

**Please reference where in the CAC/MDT's written documents criteria for case review and case review procedures is identified. Include the page and paragraph number below.**

Template

a. frequency of meetings;

b. designated attendees;

c. case selection criteria;

d. process for adding cases to the agenda;

e. designated facilitator and/or coordinator;

f. mechanism for distribution of agenda and/or notification of cases to be discussed;

g. procedures for follow-up recommendations to be addressed;

h. location of the meeting.

|  |
|--|
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**Required Attachment: Please upload the CAC/MDT's written protocols/guidelines.**

No file chosen

**If this information is already included in a previously uploaded attachment please list the attachment name and page number.**

**Component 7B:**

Does the CAC have a forum for the purpose of reviewing cases at least once a month?

Save & Continue Editing

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Please describe the agenda and frequency of the case review.

[Empty text box]

**Component 7C:**

Do all of the following MDT partner agency representatives actively participating in case review? must include, at a minimum: Check all that apply

|                               | Yes                      | No                       |
|-------------------------------|--------------------------|--------------------------|
| a) law enforcement            | <input type="checkbox"/> | <input type="checkbox"/> |
| b) child protective services  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) prosecution                | <input type="checkbox"/> | <input type="checkbox"/> |
| d) medical                    | <input type="checkbox"/> | <input type="checkbox"/> |
| e) mental health              | <input type="checkbox"/> | <input type="checkbox"/> |
| f) victim advocacy, and       | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Children's Advocacy Center | <input type="checkbox"/> | <input type="checkbox"/> |

Template

If any of the MDT partner agency representatives are routinely missing please explain who they are and why they do not routinely attend case review.

[Empty text box]

Please explain how participation is tracked:

[Empty text box]

Required Document: Please upload recent Case Review Meeting sign-in sheets listing participants and corresponding agencies.

Choose File No file chosen

**Component 7D:**

Please explain how CAC case review is an informed decision-making process.

[Empty text box]

**Component 7E:**

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### Case Tracking

**STANDARD 8: CHILDREN'S ADVOCACY CENTERS MUST DEVELOP AND IMPLEMENT A SYSTEM FOR MONITORING CASE PROGRESS AND TRACKING CASE OUTCOMES FOR ALL MDT COMPONENTS.**

#### **Component 8A:**

Does the CAC/MDT's written protocol/guidelines include tracking case information until final disposition?

- Yes
- No

# Template

**Required Attachment: Please upload written protocol/guidelines**

No file chosen

**Please include the page number and paragraph number where the information above is referenced.**

**If this document was previously uploaded please include the document name and page number where the information above is referenced.**

#### **Component 8B:**

Does the CAC track and minimally able to retrieve all required NCA Statistical Information?

- Yes
- No

**NCA statistical information minimally includes the following data: Check all that apply:**

Yes

No

- c. type(s) of abuse;
- d. relationship of alleged offender to child;
- e. MDT involvement and outcomes;
- f. charges filed and case disposition in criminal court;
- g. child protection outcomes; and
- h. status/follow-through of medical and mental health referrals.

**Please upload your most recent NCA Statistical Data submission if applicable.**

No file chosen

**If new application with no prior NCA statistical submission, explain how each data point listed above is tracked and retrieved.**

**Component 8C:**

**Who is the designated individual identified to implement the case tracking process?**

**Component 8D:**

**Please describe how the CAC/MDT's written protocols/guidelines outline how MDT partner agencies access case specific information and/or aggregate data for program evaluation and research purposes?**

# Template

**Component 8E:**

**What mechanism is used for collecting client feedback to inform client service delivery?**

**Does the CAC use OMS initial caregiver survey? Note: Active use of this the (OMS) Caregiver Survey provides an effective measurement for meeting this standard.**

Yes

**Does The CAC use the OMS Caregiver Follow-up Survey? Note: Active use of this system provides an effective measurement for meeting this standard.**

- Yes
- No

**Please upload document demonstrating collection of client feedback.**

No file chosen

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### Organizational Capacity

This is my Form.

**STANDARD 9: Organizational Capacity: A DESIGNATED LEGAL ENTITY RESPONSIBLE FOR PROGRAM AND FISCAL OPERATIONS HAS BEEN ESTABLISHED AND IMPLEMENTS BASIC SOUND ADMINISTRATIVE POLICIES AND PROCEDURES.**

**Component 9A:**

# Template

Please indicate the structure of your CAC.

- Independent 501c3 Non-profit Organization
- Program of an Umbrella Organization
- Government Based CAC
- Hospital Based CAC
- Other, please specify...

**Required Attachment:**

- **If 501c3 or under umbrella agency: Please upload IRS Letter and Non-Profit Corporate Certificate from State**
- **If Government-based agency : Please upload MOU between CAC Advisory Board and governing agency**

No file chosen

**Component 9B:**

**Does the CAC maintains, at a minimum, current general commercial liability, professional liability, and Directors and Officers liability as appropriate for its organization?**

- Yes
- No

**Required Attachment: Please upload Certificates of Insurance**

No file chosen

**Does the CAC have written administrative policies and procedures that apply to staff, board members, volunteers and clients?**

Note: these will be reviewed by site reviewers on the date of the review.

- Yes
- No

**Do the written policies and procedures that govern the CAC administrative operations include, at a minimum? check all that apply:**

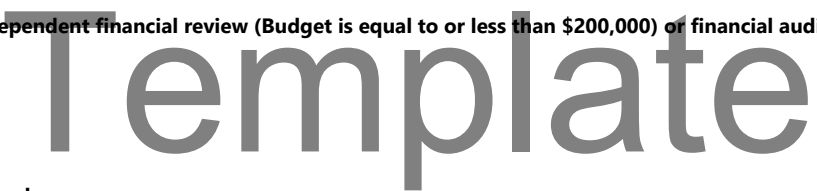
|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. job descriptions,                            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. personnel policies,                          | <input type="checkbox"/> | <input type="checkbox"/> |
| c. financial management policies,               | <input type="checkbox"/> | <input type="checkbox"/> |
| d. document retention and destruction policies, | <input type="checkbox"/> | <input type="checkbox"/> |
| e. safety and security policies.                | <input type="checkbox"/> | <input type="checkbox"/> |

**If there are website links to any of the policies/procedures please paste them in the space below.**

**Component 9D:**

**Does the CAC have an annual independent financial review (Budget is equal to or less than \$200,000) or financial audit (Budget exceeds \$200,000)?**

- Yes
- No



**Required Attachment: Please upload**

- **Budget under \$200,000: Financial Review**
- **Budget over \$200,000: Financial Audit**

No file chosen

**Component 9E:**

**Does the CAC have written screening policies for staff and volunteers that include criminal background, sex offender registration, and child abuse registry checks? Check all that apply:**

|                              | Yes                      | No                       |
|------------------------------|--------------------------|--------------------------|
| a) Criminal Background       | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Sex offender registration | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Child Abuse registry      | <input type="checkbox"/> | <input type="checkbox"/> |

**Does the CAC demonstrates compliance with their written screening policies? Does the CAC provide training and supervision to staff and volunteers regarding these policies?**

- Yes
- No

Save & Continue Editing

Save & Exit

**Required Attachments: Please upload written screening policies for staff and volunteers . Documentation demonstrating compliance with written policies.**

Choose File No file chosen

**If this attachment was previously uploaded please list the document name and page number where the information can be found.**

**Component 9F:**

**Does the CAC have a written Succession Plan to insure the orderly transition and continuance of operation of the CAC?**

- Yes
- No

**Please identify where in the written Succession plan the required components listed below can be found. Include the page and paragraph number in the space provided below.**

f. Temporary staffing strategies,

g. Long-term and/or permanent leadership replacement procedures,

h. Cross-training plan,

i. Financial considerations,

j. Communication plan

Template

**Required Attachment: Please upload written Succession Plan**

Choose File No file chosen

**Component 9G:**

**Has the CAC addressed its sustainability through the implementation of a current strategic plan?**

- Yes
- No

**Has the Strategic Plan been approved by the governing entity of the CAC?**

- Yes
- No

**When was the Strategic Plan adopted?**

Save & Continue Editing
Save & Exit

**Required Attachment: Please upload current and approved Strategic Plan**

No file chosen

**Component 9H:**

**Does the CAC promotes employee well-being by providing staff with each of the required components?**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a) training and information regarding the effects of vicarious trauma   | <input type="checkbox"/> | <input type="checkbox"/> |
| b) providing techniques for building resiliency to its employees  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) maintaining organizational and supervisory strategies to address vicarious trauma and its impact upon staff. | <input type="checkbox"/> | <input type="checkbox"/> |

**Please explain how the CAC is providing these elements.**

**Component 9I:**

**Does the CAC promotes MDT well-being by providing access to training and information on vicarious trauma and building resiliency to MDT members?**

- Yes
- No

# Template

**Please explain how the CAC is providing these elements.**

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### Child Focused Setting

**STANDARD 10: THE CHILD-FOCUSED SETTING IS COMFORTABLE, PRIVATE, AND BOTH PHYSICALLY AND PSYCHOLOGICALLY SAFE FOR DIVERSE POPULATIONS OF CHILDREN AND THEIR FAMILY MEMBERS.**

#### **Component 10A:**

**Is the CAC a designated, task-appropriate facility or space which includes each of the following: Check all that apply**

Template

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. The CAC is maintained in a manner that is physically and psychologically safe for children and families,                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The CAC provides observation or supervision of clients within sight or hearing distance by CAC staff, MDT members or volunteers at all times, | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The CAC is convenient and accessible to clients and MDT members,  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |

**Please upload 3 photos of your CAC including the outside of the building, waiting area and a third photo of your choice.**

No file chosen

#### **Component 10B:**

**Does the CAC have written policies and procedures that ensure separation of victims and alleged offenders?**

- Yes
- No

**Required Attachment: Please upload written Protocols/Guidelines**

No file chosen

**If this document was previously uploaded please add the document name and corresponding page number below.**



**Component 10C:**

How does the CAC make reasonable accommodations to make the facility physically accessible?

**Component 10D:**

How does the facility allow for live observation of interviews by MDT members?

Save & Continue Editing

Save & Exit

Are there separate and private area(s) available for those awaiting services, for case consultation and discussion, and for meetings or interviews?  
Please describe

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