

## NCA Statistical Data Submission Instructions

**All Accredited, Associate/Developing and Satellite Members** are required to submit a center/agency statistical report to NCA every six months to comply with membership requirements and to remain in good standing.

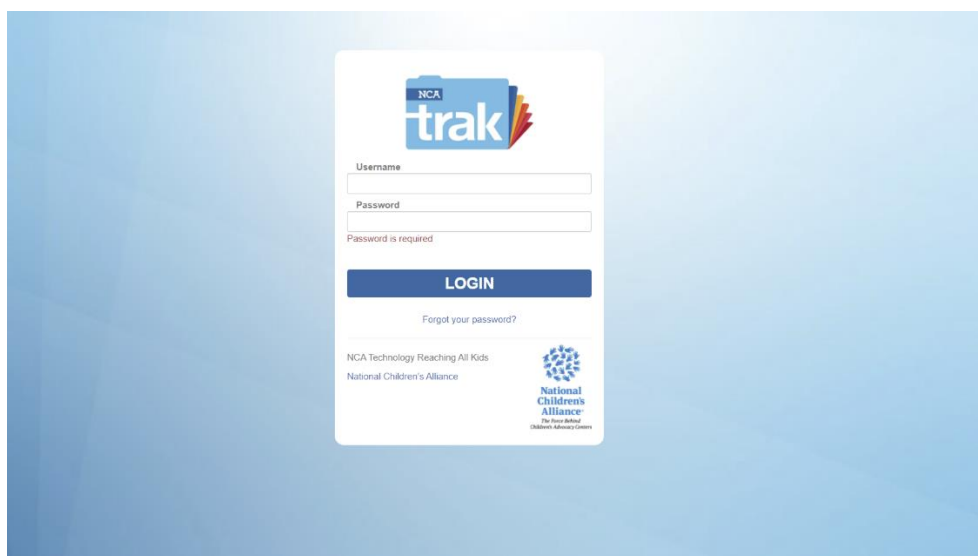
NCA uses these statistics to report to the Department of Justice, and respond to Congressional inquiries, as well as in our annual report. They are our tools for discussion at the local, state, and federal level. So that we can best represent the good work that is taking place in CACs across the country, please report your statistics as accurately as possible.

### **The Submission Process**

**Step 1:** Log in to the system:

- For Current **NCAtrak** users: *Please submit your report through your NCAtrak account.*
- For all other submitters: Please go to <https://ncatrak.org/Login> using Google Chrome web browser.
- Important: **No faxed, mailed or emailed forms** will be taken under consideration.

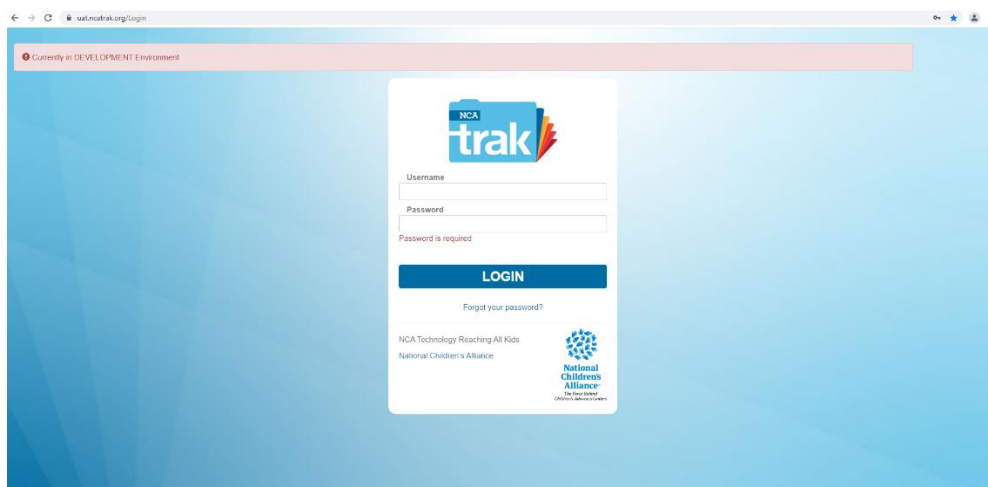
*The Login Screen*

The image shows a login screen for NCAtrak. At the top is the NCAtrak logo, which consists of a blue square with 'NCA' in white and 'trak' in a larger, stylized font. Below the logo are two input fields: 'Username' and 'Password'. A red error message 'Password is required' is visible below the password field. A blue 'LOGIN' button is centered below the fields. Below the button is a link that says 'Forgot your password?'. At the bottom of the login box, it says 'NCA Technology Reaching All Kids' and 'National Children's Alliance'. To the right of this text is the National Children's Alliance logo, which is a circular arrangement of blue hands.

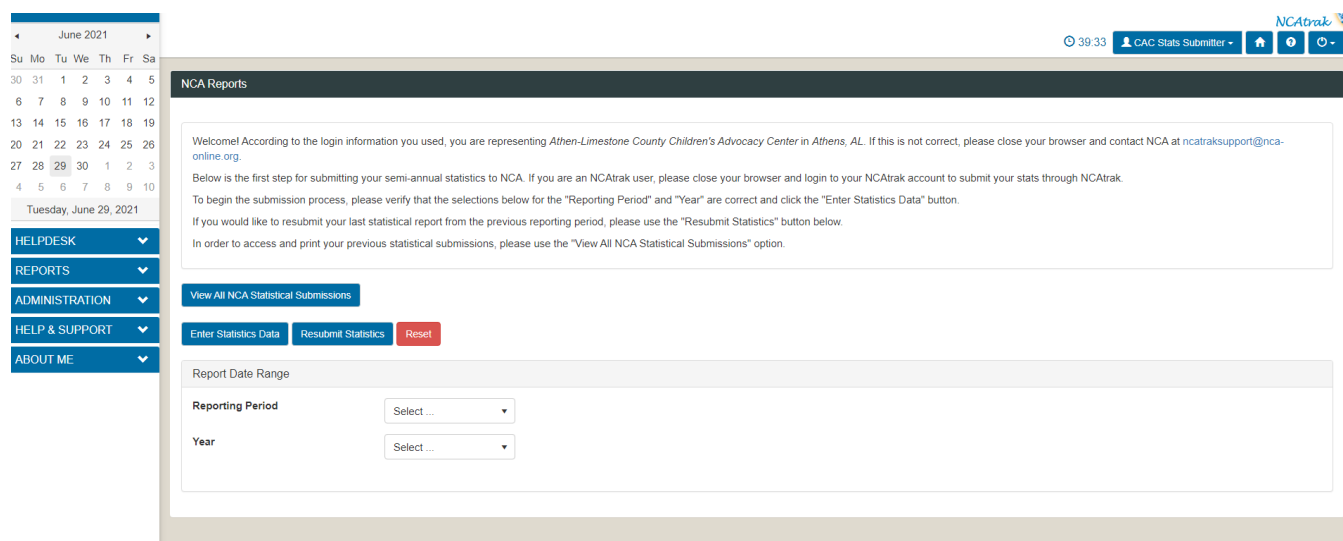
You will be prompted for your center's log in credentials. The system will be activated for submissions, and you will receive a personal email containing your organization's specific log in information two weeks prior to each deadline. If you have not received this email within the two weeks prior to the submission window, please contact [ncatraksupport@nca-online.org](mailto:ncatraksupport@nca-online.org).

NOTE: all your center's identification information inside the system is connected to this unique Username / Password combination. Make sure the information on your screen is exactly like it is in your email before clicking on 'Login'. If you experience any problems logging in, please email for assistance to [ncatraksupport@nca-online.org](mailto:ncatraksupport@nca-online.org).

If your login screen has a red bar across the top like in the picture below do not use this this login to enter your statistics. This is our testing environment and the statistics if entered do not go to the proper location and you will be notified that your statistics have not been submitted. Please make sure the website address does not have the letters **uat** in the address.



Once logged in this is the screen you will see. Please make sure your CAC name is in the first sentence at the top.



**Step 2:** Choose the Date Range:

Confirm that the appropriate time-period and year are correctly entered in the Period and Year fields. Then, click on the green 'Enter Statistics Data' button below these fields.

**Step 3:** Enter your data:



Enter your statistics in the provided fields. Please remember that the system will log you out after 40 minutes of inactivity without saving your data. Please be ready with your data prior to beginning submission.

### *The Statistical Submission Screen*

*Special Note: You can only enter numbers into the fields in Sections 1 – 3 (Except for the ‘Other Services Provided’ question).*

Complete the online form, paying special attention to the following sections:

**Section 1:** Enter the number of services and the demographic information for the children seen by your center. If NCA does not offer an option for “unknown”, please do not write that as an option on the form.

**Question 1:** Please enter the total number of new children served at the CAC this reporting period: (Children who received comprehensive CAC services. Children served are considered clients of the CAC and received services such forensic interviews, medical evaluations, mental health counseling, etc.)

**Question 2:**

Please enter the gender of the new children served at the CAC this reporting period:

Female

Male

Undisclosed

**Question 3:**

Please enter the ages of the new children served at the CAC this reporting period:

0 - 6 Years

7 - 12 Years

13 - 18 Years

Undisclosed

*Special Note: The sums for questions 1-3 must be identical. For example, if the center reports that 204 children were served in the reporting period, then the case details documented in 2 & 3 should also total 204.*

Example:

Total number of new children served at the CAC this reporting period: 204

Gender of Children:

Female: 128

Male: 76

Total: 204

Age of children at first contact:

0-6 Years: 88

7-12 Years: 75

13-18 Years: 41

Total: 204

*Special Note: This is the number of children referred to your center during the reporting period which your CAC has been involved in the MDT response to an allegation of abuse. DO NOT INCLUDE referrals for services that are outside the core mission of your CAC – include these 'Other' services in the 'Other Services' section at the end of this form. ALSO FOR QUESTIONS 1-3, if a child returns to your center as the subject of a separate allegation of abuse during the reporting period, report the number of allegations (2) as children rather than the number of individuals (1).*

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31 1 2 3 4 5

7 8 9 10 11 12

14 15 16 17 18 19

21 22 23 24 25 26

28 29 30 1 2 3

5 6 7 8 9 10

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4. Alleged offenders:

Please enter the total number of alleged offenders:

0

5. Please enter the breakdown of the relationship of alleged offenders to the children served during the reporting period:

Parent

0

Stepparent

0

Other Relative

0

Parent's boyfriend/girlfriend

0

Other known person

0

Unknown person

0

6. Please enter the age of the alleged offenders from the previous question:

Under 13

0

Age 13 to 17

0

Age 18+

0

Undisclosed

0

**Question 4:**

Please enter the total number of alleged offenders:

**Question 5:**

Please enter the breakdown of the relationship of alleged offenders to the new children served during the reporting period:

- Parent
- Stepparent
- Other relative
- Parent's boyfriend/girlfriend
- Other known person
- Unknown relationship

**Question 6:**

Please enter the age of the alleged offenders from question number 4:

- Under 13 Years
- 13 - 17 Years
- 18+ Years
- Undisclosed

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31	1	2	3	4	5
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14	15	16	17	18	19
21	22	23	24	25	26
28	29	30	1	2	3
5	6	7	8	9	10

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- REPORTS ▾
- ADMINISTRATION ▾
- HELP & SUPPORT ▾
- ABOUT ME ▾

7. Please enter the types of abuse reported for the children served during the reporting period:

Sexual Abuse	<input type="text" value="0"/>
Physical Abuse	<input type="text" value="0"/>
Neglect	<input type="text" value="0"/>
Witness to Violence	<input type="text" value="0"/>
Drug Endangerment	<input type="text" value="0"/>
Other	<input type="text" value="0"/>

8. Please enter the race or ethnicity of the children served during the reporting period:

White	<input type="text" value="0"/>
Black/African American	<input type="text" value="0"/>
Hispanic/Latino	<input type="text" value="0"/>
American Indian/Alaska Native	<input type="text" value="0"/>
Asian/Pacific Islander	<input type="text" value="0"/>
Other	<input type="text" value="0"/>
Undisclosed	<input type="text" value="0"/>

**Question 7:**

Please enter the types of abuse reported for the new children served during the reporting period:

- Sexual abuse
- Physical abuse
- Neglect
- Witness to violence
- Drug endangered
- Other

### Question 8:

Please enter the race or ethnicity of the new children served during the reporting period:

- White
- Black / African American
- Hispanic / Latino
- American Indian / Alaska Native
- Asian / Pacific Islander
- Other
- Undisclosed

*Special Note: The answer to the question 8 should equal the number you entered in the question 1.*

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ADMINISTRATION ▾

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ABOUT ME ▾

9. Please enter the number of children receiving the following services during the reporting period:

Medical Exam/Treatment	<input type="text" value="0"/>
Counseling Therapy	<input type="text" value="0"/>
Referral to Counseling Therapy	<input type="text" value="0"/>
Onsite Forensic Interviewing	<input type="text" value="0"/>
Offsite Forensic Interviewing	<input type="text" value="0"/>

Outcome Information of Cases

NOTE: While NCA recognizes Associate/Developing Member programs may have challenges in tracking outcome information, we ask that you complete the information below to the best of your ability.

10. Please enter Child Protective Services dispositions information. Specifically, the number of dispositions by the following categories:

Founded / reason to believe	<input type="text" value="0"/>
Administrative closure	<input type="text" value="0"/>
Moved	<input type="text" value="0"/>
Unable to determine	<input type="text" value="0"/>
Unfounded / ruled out	<input type="text" value="0"/>
Other reason for closure	<input type="text" value="0"/>

[Click here to log a comment, suggestion or incident with NCA.](#)

### Question 9:

Please enter the number of children receiving the following services during the reporting period:

- Medical exams/treatment
- Counseling/therapy
- Referral to counseling/therapy
- Onsite forensic interviewing
- Offsite forensic interviewing

*Special Note: The sum of the number entered in question 9 may be **higher** than the total number of new children that you entered in question 1. Question number 9 should reflect the total number of children served during the reporting period and not just the children involved in new cases referred to your center during the reporting period.*

**Section 2:**

Enter outcome information of cases:

*Special Note: Accredited programs, as noted in the NCA Standards for Accredited Members, are required to track outcome information. The statistical reporting form should be used and completed in its entirety by those members. While NCA recognizes Associate Member programs may have challenges in tracking outcome information, we ask that you complete the information below to the best of your ability.*

**Question 10:**

Please enter Child Protective Services disposition information. Specifically, the number of dispositions by the following categories:

- Founded/reason to believe
- Administrative closure
- Moved
- Unable to determine
- Unfounded/ruled out
- Other reason for closure

*Special Note: Glossary of terms for the Child Protective Services Section of the form:*

CPS refers to Child Protective Services. In your state this may be called Department of Children and Families, Department of Human Services, or another name. We recognize CPS as a general term.

CPS outcome information:

*Founded/Reason to believe:* case that was investigated by CPS and the evidence substantiated abuse.

*Administrative closure:* case that does not meet criteria to be assigned.

*Moved:* case where the child/family has moved out of the service area.

*Unable to determine:* case that was investigated by CPS and the caseworker was unable to substantiate abuse.

*Unfounded/Ruled Out:* case that was investigated by CPS and no determination of abuse was made.

*Special Note: Please only enter the Child Protective Services disposition information for cases (meeting the CAC's case acceptance criteria) that CPS closed during the reporting period by the listed categories.*

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Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5
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14	15	16	17	18	19
21	22	23	24	25	26
28	29	30	1	2	3
5	6	7	8	9	10

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11. Please enter Law Enforcement dispositions information. Specifically, the number of cases where charges were filed:

Number of cases where charges were filed:

12. Please enter your Prosecution Disposition/Results. Specifically, please provide the below information:

Number of cases accepted for prosecution:

Number of convictions:

Number of pleas:

Number of acquittals:

CAC Information

Please enter the total number of CAC/MDT staff members who received training in this reporting period, regardless of the funding source used:

Which of the accreditation standards did you improve upon during this reporting period? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What improvements did you make at your CAC in this reporting period? ☐ Add Service ☐ Expand Existing Service ☐ Quality Assurance Activities

During this reporting period, did your numbers of clients served:

What is your organizational type?

### Question 11:

Please enter Law Enforcement dispositions information:

Number of cases where charges were filed

### Question 12:

Please enter your Prosecution Disposition/Results. Specifically, please provide the below information:

Number of cases accepted for prosecution

Number of cases that resulted in convictions

Number of cases that resulted in pleas

Number of cases that resulted in acquittals

*Special Note: For the purposes of this question, please count a case under 'convictions' if any of the charges connected to the case resulted in a conviction by jury / judge decision. Please count a case under 'pleas' if any of the charges connected to a case resulted in a conviction by a plea agreement. Please count a case under 'acquittals' if any of the charges connected to a case did not result in a conviction by jury / judge decision.*



Tu We Th Fr Sa

1 2 3 4 5

8 9 10 11 12

15 16 17 18 19

22 23 24 25 26

29 30 1 2 3

6 7 8 9 10

Day, June 29, 2021

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- SUPPORT ▾
- ME ▾

**Please choose the statement that best describes your physical location:**

☐ Our CAC has its own facility that is not shared with any partner agency (LA, CPS, Prosecution) ☐ Our CAC is co-located with partner agencies

**What is your CAC's Budget?** Select ...

**Does your CAC have an existing Interagency Agreement / MOU that included Native American Communities in your service area?**

☐ No ☐ Yes

**Other Services Provided**

This section allows you to report information about services you provided that are not tracked in NCATrak. For each category below enter the number of times the service was provided to children, adults, and/or people whose age is unknown. If the service is not Case Management/Coordination or Prevention, enter the name of the service and the number of services provided in the "Other Services Provided" table. When you submit the report the totals for each category will automatically be calculated for you.

Further instructions are included in the Help for this page. You may access these instructions by clicking the link in the upper right hand corner of your screen. You will not lose the information on this screen unless you are away from the NCA Statistical Report for over 15 minutes.

	Children	Adults	Age Unknown
<b>Case Management / Coordination</b>	<input style="width: 80px;" type="text" value="0"/>	<input style="width: 80px;" type="text" value="0"/>	<input style="width: 80px;" type="text" value="0"/>
<b>Prevention</b>	<input style="width: 80px;" type="text" value="0"/>	<input style="width: 80px;" type="text" value="0"/>	<input style="width: 80px;" type="text" value="0"/>

+ Add Other Service

	Description	Children	Adults	Age Unknown

[Click here to log a comment, suggestion or incident with NCA.](#)

### Section 3: CAC Information. These questions are included for DOJ reporting purposes regarding your CAC.

#### Question 1:

Total number of CAC/MDT staff members who received training in this reporting period  
special note: This is regardless of funding source.

*Special Note: Only numbers can be entered in this field.*

#### Question 2:

Which of the accreditation standards you improved upon during this reporting period. (Standards 1-10)

#### Question 3:

What improvements did you make at your CAC in this reporting period? (Add service, Expand existing service, Quality assurance activities)

#### Question 4:

During this reporting period, did your numbers of clients served: (Stayed the same, Increase, Decrease)

#### Question 5:

What is your organizational type? (Independent 501c3, Program under an umbrella that is a 501c3 (for example: UNCA, CASA, United Way, Safe Horizon, etc.), Hospital based CAC, Prosecutor/Government based CAC, Law Enforcement/Government based CAC, Child Portective Service/Government based CAC, Other Government based CAC.

**Question 6:**

Please choose the statement that best describes your physical location.

Our CAC has its own facility that is not shared with any partner agency (LE, CPS, Prosecution)

OR

Our CAC is co-located with partner agencies

**Question 6A:**

If you choose “Our CAC is co-located with partner agencies” a new question will appear:

The organization/s we are co-located with are (Choose all that apply)

(CPS, Law Enforcement, Hospital or Medical Services, Prosecution, Government Agencies,

Independent Non-profits, Other)

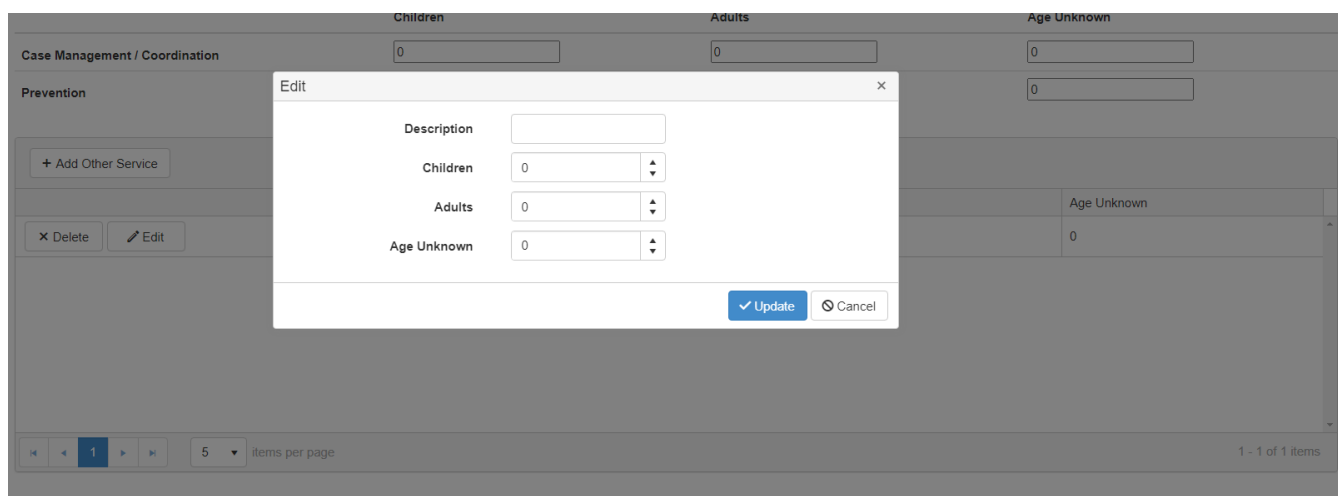
**Question 7:**

Enter what your CAC budget is.

\$99,000 or less, \$100,000 - \$499,000, \$500,000 and above

**Question 8:**

Enter if your CAC have an existing Interagency Agreement / MOU that included Native American Communities in your service area.



Other services: Please enter information about other services provided by CAC. Specifically, enter below the total number of services provided to individuals who were seen at the CAC in each category:

Case management / Coordination for children

Case management / Coordination for adults

Prevention services for children

Prevention services for adults

*Special Note: Review the description of each type of service and follow the data entry instructions below.*

1. Case Management/Coordination (services for children and/or adults) –

This refers to case coordination provided by the CAC for children who are not seen at the CAC. This may be for physical abuse cases or other types of cases that don't present to the CAC. To enter your data:

- a) Enter the number of children you have served in the text box under 'Children'
- b) Enter the number of adults you have served in the text box under 'Adults'

2. Prevention –

- a) Services for Children – We know that many CACs engage in prevention services for children. Some have formal programs in the school, others may have groups focused on prevention efforts, and others participate in collaborative community projects.
- b) Services for Adults – This section is for those prevention services provided to adults. Like the prevention services for children, these may include specific programs in community centers, groups, or other forums.

3. Other Services Provided –

The 'Other Services Provided' category allows you to type in the nature of a service you would like to report and the number of individuals (broken down by child, adult or age unknown) who received that service. Simply enter a description of the service, the number serviced in the appropriate box and click save to the left of that line. Your information will be saved and a new line will be created. You can record an unlimited amount of 'Other Services Provided.'

*Special Note: Other services are those services provided by your center/agency that do not fit the description of case management or prevention services above. Examples are:*

*Adult Sexual Assault Exam  
Community/Family Advocacy  
Court Preparation/Advocacy  
Court School Services  
Crime Victim Compensation  
Crisis Calls  
Crisis Intervention  
First Step  
Foster Care Clinic  
Hair Screens  
Hospital Visits  
Hotline Calls  
Information/Referral  
Public Education  
Support Groups*

Step 4: To submit your form, click 'Submit to NCA' at the bottom of the page. **Please submit only once.**

*Special Note: Prior to submission NCAttrak will confirm that the sums of all appropriate fields equal before the submission is accepted. If the Statistical Submission Form appears after you have clicked on the 'Submit to NCA' button, scroll up and review the screen again – NCAttrak has uncovered an error.*

You can print a copy of your submission for your files after submitting. On the initial landing page, use the green 'View All NCA Report Submissions' button.



Click the 'View Submission' link on the left of the screen next to the desired submission period. A new window will pop up with the information in a PDF document. Either print out this document for your records or click 'Save' on the top-left of the menu and save the file to your computer. NOTE: You will not have access to this page shortly after the submission deadline. It is strongly encouraged that you do keep a copy of this information for your records.

Finally, after your statistics are submitted if information changes or if new information is received you can press the Resubmit to NCA button after entering the Report Date Range for the report period you wish to enter the new information.

To confirm that your report has been submitted click on View All NCA Report Submissions and your report should be listed.

Step 5: SUBMISSION DEADLINE:

- **Jan 15<sup>th</sup>** of each calendar year- submission of July-December data.
- **July 15<sup>th</sup>** of each calendar year– submission of January-June data.
- Regardless of which day of the week the submission date falls on each year, the submission system is closing at 11:59 EST on the deadline.

Reports **cannot** be emailed, faxed, or mailed.

Your account will be activated for submissions, and you will receive your log in information **two weeks prior to each submission deadline**.

Please feel free to call (202) 548-0090 ext.125 or email [ncatraksupport@nca-online.org](mailto:ncatraksupport@nca-online.org) for any questions.

Thank you for all you do for the children.

Department of Member Relations and Grants  
National Children's Alliance