

Article 3A.

(Effective July 1, 2024) Child Advocacy Centers.

§ 108A-77.1. (Effective July 1, 2024) Definitions.

The following definitions apply in this Article:

- (1) Caregiver. – A parent, guardian, custodian or caretaker, as defined in Chapter 7B of the General Statutes, or other appropriate person who has assumed responsibility for the child.
- (2) Child. – Any individual under 18 years of age. For referrals made by law enforcement, a child also includes any individual who has a developmental disability, as defined in G.S. 122C-3(12a), that severely impacts conceptual, social, and practical areas of living to the extent the individual is unable to live in an independent environment.
- (3) Child maltreatment. – Any act or series of acts of commission or omission by an individual involving sexual or physical abuse of a child, neglect of a child, human trafficking of a child, exploitation of a child, abuse as defined in G.S. 7B-101(1), dependency as defined in G.S. 7B-101(9), neglect as defined in G.S. 7B-101(15), or any act as defined in G.S. 110-105.3.
- (4) Child medical evaluation. – A medical evaluation of a child where service is provided by a physician, nurse practitioner, or physician assistant, who meets State standards and is rostered with the North Carolina Child Medical Evaluation Program, which is provided at the request of a department during the active assessment of child maltreatment. When referred to and performed by a Children's Advocacy Center, a child medical evaluation must be provided at the Children's Advocacy Center or at another facility which has an agreement with a Children's Advocacy Center.
- (5) Children's Advocacy Center. – A child-focused, trauma-informed, facility-based program in good standing with Children's Advocacy Centers of North Carolina, Inc., that assists in the coordination of the investigation of child maltreatment by promoting a coordinated, multidisciplinary response to cases of child maltreatment in which representatives from law enforcement, child protective services, prosecution, mental health, forensic interviewing, medical, or victim advocacy groups or disciplines collaborate regarding the investigation, prosecution, safety, treatment, and support services, including forensic interviews, medical examinations, mental health services, advocacy, consultation, and training, to be provided, directly or by formalized agreements, for children suspected to be victims of child maltreatment and their appropriate caregivers.
- (6) Children's Advocacy Centers of North Carolina, Inc. – The oversight and guidance organization for Children's Advocacy Centers operating within the State of North Carolina, or its successor.
- (7) Department. – As defined in G.S. 7B-101(8a).
- (8) Forensic interview. – An interview between a trained forensic interviewer and a child in which the interviewer obtains information from the child in a developmentally and culturally sensitive, unbiased, fact-finding, and legally sound manner to support collaboration by the multidisciplinary team in the criminal justice and child protection systems. All interviews must meet State and national standards for forensic interviews.
- (9) Law enforcement child medical evaluation. – A child medical evaluation as defined in this section, which is provided at the request of a law enforcement

- agency during the investigation of child maltreatment. When referred to and performed by a Children's Advocacy Center, a law enforcement child medical evaluation must be provided at the Children's Advocacy Center or at another facility which has an agreement with the Children's Advocacy Center.
- (10) Multidisciplinary team. – A group of professionals who represent various disciplines and work collaboratively pursuant to a written protocol to share information on service provision and investigations by law enforcement or a department to inform the investigation and prosecution of child maltreatment cases and to coordinate services in response to reports made of child maltreatment. The multidisciplinary team works solely on behalf of children served by a Children's Advocacy Center. In addition to the members listed in this subdivision, a multidisciplinary team may include other professionals involved in the delivery of services to victims of child maltreatment and their appropriate caregivers. Participation in a multidisciplinary team shall not preclude any member from carrying out any mandated responsibility of his or her profession. A Children's Advocacy Center's multidisciplinary team must include, at a minimum, the following professionals:
- a. A member of participating law enforcement agencies.
 - b. The county district attorney or assistant district attorney.
 - c. A member of the department's child protective services unit.
 - d. A local mental health provider.
 - e. A local health care provider.
 - f. A victim advocate.
 - g. Children's Advocacy Center staff.
- (11) National Children's Alliance. – The national accrediting body for Children's Advocacy Centers operating across the United States, or its successor.
- (12) National standards. – "The National Standards of Accreditation for Children's Advocacy Centers" adopted by the National Children's Alliance, representing the collaborative work of child abuse intervention professionals and experts working from the latest research to comprise individual standards for Children's Advocacy Center compliance, and are subject to a comprehensive review every five years.
- (13) State standards. – "The North Carolina State Standards for Children's Advocacy Centers" adopted by Children's Advocacy Centers of North Carolina, Inc., representing the collaborative work of child abuse intervention professionals and experts working from the latest research to comprise individual standards for Children's Advocacy Center compliance, and are subject to a comprehensive review every five years. (2023-96, s. 1(a).)