



Child Safety Learning Collaborative Application and Statement of Commitment

Cohort 1: December 2023 - April 2025

Application Deadline: September 27, 2023 11:59PM ET

Block 4

The Child Safety Learning Collaborative is a 5-year project designed to run in successive 18-month-long cohorts. Apply now to join Cohort 1!

Purpose: The Children's Safety Network, in cooperation with the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), is launching a new Child Safety Learning Collaborative to reduce fatal and serious injuries among infants, children, and adolescents.

Who may apply: Title V State/Jurisdiction Health Departments are eligible and encouraged to apply for this opportunity. The application and statement of commitment must be signed by the state/jurisdiction Maternal and Child Health Director and/or the Injury and Violence Prevention Director.

If you are not funded through Title V, but wish to participate, please reach out to your state Health Department to find out how you can collaborate with them to participate. For more information on Title V and to find your state contact you can visit <https://mchb.hrsa.gov/programs-impact/title-v-maternal-child-health-mch-block-grant>.

Timeline: Each of the cohorts over the 5-year period will last 18 months. Teams are encouraged to continue on into successive cohorts. **This cohort will run December 2023 to April 2025.**

How to apply: To be considered for the Child Safety Learning Collaborative, interested state and jurisdiction Title V agencies must submit the completed application form and statement of commitment by 11:59 PM EST September 27, 2023.

For questions about the application form and/or the Learning Collaborative, please [reference this document](#), or contact Jenny Stern-Carusone, CSLC Director, at jstern-carusone@edc.org or 617-618-2980. For more information about the Children's Safety Network, please visit our website <http://childrenssafetynetwork.org>.

Block 1

Application Section 1: Questionnaire

Name

Email address

State/Jurisdiction:

Block 2

Child Safety Learning Collaborative Topic Selection

Please select topic(s) your state would like to participate in. You may select up to 2.

- Bullying Prevention
- Motor Vehicle Traffic Safety (includes child passenger safety and teen driver/passenger safety)
- Sudden Unexpected Infant Death (SUID) Prevention
- Suicide and Self-Harm Prevention

Are you able to access, collect, and report real-time data related to the topic(s) you selected above? *Please select one.*

- Yes.
- Yes, we collect and report a limited amount of data.
- No, we do not have access at this time, but would like to use our participation in the CSLC as a means of developing that capacity.
- We don't collect data on these topics.

Please describe your state's/jurisdiction's experience and capability in accessing, collecting, and reporting real-time data related to the topic(s) you selected above (e.g., access to data

from partners in child safety topic areas, working relationship with your state/jurisdiction epidemiologist, etc.).

In which of the following areas are you most interested in gaining peer support, knowledge, and resources?

	Not Interested	Somewhat Interested	Interested	Very Interested	Unsure
Quality Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Safety Expertise (Selected Topic Areas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership and Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Equity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain why your state/jurisdiction wants to join the Child Safety Learning Collaborative and what your state/jurisdiction hopes to achieve in the Learning Collaborative. Please be as specific as possible.

All applicants will be fully considered for participation in the CSLC, regardless of prior experience with quality improvement and/or using evidence-based or evidence-informed strategies. CSN will provide technical assistance throughout the Learning Collaborative in both of these areas.

Block 3

Application Section 2: Statement of Commitment

To be considered for acceptance into the CSLC, this statement must be signed by both the MCH and IVP directors. Additionally, if the team point of contact is different than the above, they must also sign.

By signing this statement of commitment, I commit to full and active participation should my state/jurisdiction be selected to participate in the Child Safety Learning Collaborative. I approve of the state/jurisdiction staff's participation, and there are no foreseeable barriers to their active engagement in the Learning Collaborative. I will make my best effort to participate in project activities and to ensure my state/jurisdiction Strategy Team(s) fulfills its responsibilities.

Learning Collaborative Team Member #1 – Maternal and Child Health Director

State/Jurisdiction:

Name:

Job Title:

Email Address:

Primary Point of Contact (Y/N):

Topic(s):

Phone Number:

Date:

Learning Collaborative Team Member #1 – Maternal and Child Health Director

SIGN HERE

clear

Learning Collaborative Team Member #2 - Injury and Violence Prevention Director

Name:

Job Title:

Email Address:

Primary Point of Contact (Y/N):

Topic(s):

Phone Number:

Date:

Learning Collaborative Team Member #2 - Injury and Violence Prevention Director

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SIGN HERE

[clear](#)

Learning Collaborative Team Member #3 - Primary Point of Contact if not already listed above

Name:

Job Title:

Email Address:

Primary Point of Contact (Y/N):

Topic(s):

Phone Number:

Date:

Learning Collaborative Team Member #3 - Primary Point of Contact if not already listed above

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