



CSLC Application and Statement of Commitment

Cohort 3: November 2026 - April 2028
Application Deadline: August 31, 2026

The Children's Safety Network, in cooperation with the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), is launching Cohort 3 of the Child Safety Learning Collaborative (CSLC) 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 (MCH) Director and the Injury and Violence Prevention (IVP) 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: This new cohort will run from November 2026 - April 2028.

How to apply: To be considered for the Child Safety Learning Collaborative,

interested states and jurisdiction Title V agencies must submit the completed application form and statement of commitment by **11:59 PM EST on August 31, 2026**. Use this unique link to complete and submit this online form. You should be able to close/re-open and share this with others as needed to complete all the fields.

For questions about the application form and/or the CSLC, please 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>.

Funding Sponsor: The Children's Safety Network is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement (U49MC28422) for \$800,000 with 0 percent financed with non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Responsibilities and Expectations of Learning Collaborative Leadership and Participants

A full list of benefits, overview and commitment can be found in the [CSLC Overview document](#).

Participation in the CSLC is voluntary and not required for Title V Block grantees. States and jurisdictions will be selected for participation based on their commitment and willingness to address the following criteria:

States and jurisdictions that participate in the CSLC:

- **Select at least one of the four designated topic areas – Bullying**

Prevention, Motor Vehicle Traffic Safety (child passenger and teen driver safety), Suicide and Self-Harm Prevention and Sudden Unexpected Infant Death Prevention. It is recommended that new states/jurisdictions choose no more than two topic areas. Continuing states/jurisdictions are encouraged to sustain current teams and add additional topics as appropriate.

- **Establish a state/jurisdiction specific aim for their topic areas** focused on the reduction of injury-related fatalities, hospitalizations, and emergency department visits. Strategy Teams are asked to work on one to three evidence-based strategies for each topic they selected. Each participating team will have access to a topic-specific Change Package that contains a menu of evidence-driven strategies and accompanying measures and guidance for data collection.
- **Form a Strategy Team** on each topic area selected and ensure active member engagement in the CSLC monthly activities. Team membership can develop over time and should include key staff and partners for each child safety topic area selected. Strategy Team members can come from state or jurisdiction health departments, and/or from partner organizations from the public or private sectors.
- **Implement quality improvement strategies and tools**
- **Maintain leadership engagement throughout the cohort.** Senior leaders in each state/jurisdiction are expected to guide and support the Strategy Teams. The leaders are a critical part of catalyzing, implementing, spreading, and sustaining change. This support may require attending regular meetings, designing a feedback structure, and providing guidance to team members.

Upcoming Dates to Launch Cohort 3 - all links available on the website

- **Informational Webinar on applying for the CSLC** (attend one)

- [Option 1: July 1, 2026, 2:00 PM to 3:00 PM EST](#)
- [Option 2: July 23, 2026, 12:30 PM to 1:30 PM EST](#)
- [Option 3: August 12, 2026 4:00 PM to 5:00 PM EST](#)

- **Application Submission Closing Date:** August 31, 2026
- **Applicants are accepted and notified:** September 16, 2026

- **Orientation webinar** (attend one)
 - October 7, 2026 from 2:00 PM to 3:00 PM EST or
 - October 22, 2026 from 3:00 PM to 4:00 PM EST

- **Initial Technical Assistance Consultations** conducted with teams in October 2026 (scheduled individually)
- **Topic calls:** every other month beginning November 2026
- **Monthly reporting** begins December 2026
- **Virtual Learning Session:** February 2 & 3, 2027, 3 hours each day, all team members should attend

Application Section 1: Questionnaire

State/Jurisdiction:

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ District of Columbia
- ☐ Federated States of Micronesia
- ☐ Florida
- ☐ Georgia
- ☐ Guam
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Marshall Islands
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York

- ☐ North Carolina
- ☐ North Dakota
- ☐ Northern Mariana Islands
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Palau
- ☐ Pennsylvania
- ☐ Puerto Rico
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virgin Islands
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming
- ☐ Other

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 - Child Passenger Safety
- ☐ Motor Vehicle Traffic Safety - Teen Driver Safety
- ☐ Sudden Unexpected Infant Death (SUID) Prevention
- ☐ Suicide and Self-Harm Prevention

Title V Alignment

The CSLC intent is to support Title V work achieving objectives under the Maternal and Child Health Block Grant. Access the [National Performance Measures](#) for more information and additional links.

Are you able to access data related to the topic(s) you selected above? *Please select one.*

- ☐ Yes
- ☐ No
- ☐ Interested - 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
- ☐ Not interested

Are you able to collect data?

- ☐ Yes
- ☐ No
- ☐ Interested - we are able to collect some data at this time but would like to use our participation in the CSLC as a means of developing that capacity
- ☐ Not interested

Are you able to report on this data?

- ☐ Yes
- ☐ No
- ☐ Interested - we report on some data at this time but would like to use our participation in the CSLC as a means of developing that capacity
- ☐ Not interested

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	☐	☐	☐	☐	☐
Child Safety Expertise (Selected Topic Areas)	☐	☐	☐	☐	☐
Leadership and Management	☐	☐	☐	☐	☐
Other 	☐	☐	☐	☐	☐

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.

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

X

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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:

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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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