



Child Care Health Consultation Program Annual Contact Form



The CCHC Program annual contact form serves to provide a list of CCHC Program staff for each contracting agency to ensure the appropriate staff receive updates and communications from the CCHC Program Manager. Please list anyone that works with your CCHC Program and, if applicable, indicate if the employee offers health issue trainings (HIT) and/or health promotions (HP), and their MOPD ID. This form is also used to update the CCHC Program trainer group in the Missouri Workshop Calendar. Anyone not listed on this form will be removed from the trainer group. If no “Additional Registered Trainer” is available please put “None.” We appreciate your help.

RETURN TO:

E-mail: CCHCProgram@health.mo.gov or Fax: 573-751-9800

Local Public Health Agency: _____

Name (First and Last)	Phone number	Email Address	Provides HITs or HPs?	MOPD ID
Primary Consultant (Must be RN):			Yes/No	
Additional Registered Trainer:			Yes/No	
Additional Registered Trainer:			Yes/No	
Additional Registered Trainer:			Yes/No	
Additional Registered Trainer:			Yes/No	
Invoicing Contact:			N/A	N/A
Back Up Invoicing Contact:			N/A	N/A

Please contact Jessi Kempker if changes are made during the contract year via email at Jessi.Kempker@health.mo.gov or phone 573-526-1973.