

*National Center on*  
**Shaken Baby Syndrome**  
[www.dontshake.org](http://www.dontshake.org)

**The National Center on Shaken Baby Syndrome's *Period of PURPLE Crying*® Program  
 Memorandum of Understanding**

We are pleased to offer the *Period of PURPLE Crying*® program, which has undergone three years of testing with randomized controlled trials. The following information describes the responsibilities of the National Center on Shaken Baby Syndrome (NCSBS) and \_\_\_\_\_ (Implementing Organization) in a joint effort to protect the fidelity of the tested program, to maintain high standards for training and to provide the most effective means by which to distribute the program materials to families of new infants.

**For this understanding, the NCSBS will:**

1. Provide the *Period of PURPLE Crying* DVD's and booklets in the quantity ordered.
2. Provide a protocol for implementing the *Period of PURPLE Crying* into the hospital/organization's shaken baby syndrome/abusive head trauma prevention program.
3. Provide a password and username for on-line training curriculum to be used for continuing training for those delivering the program.
4. Provide updated training materials for your hospital/organization's nurses/educators to ensure that new staff members and existing staff members feel confident authorizing the program to parents. The training materials include the following:
  - A. "Nurse Talking Points" - quick, convenient statements to use when presenting the *Period of PURPLE Crying* materials to parents of new infants
  - B. A 3-minute and 5-minute nurse's/educator's script - also for presenting the *Period of PURPLE Crying* materials to parents of new infants
  - C. 10-minute script to use when presenting the *Period of PURPLE Crying* materials to parents of new infants (recommended in a class situation)
  - D. 20-minute nurse/educator training PowerPoint presentation
  - E. Question and Answer (Q&A) document for parents' questions
  - F. Question and Answer (Q&A) document for professionals' questions
5. Provide on-going technical and administrative support.
6. Provide training support materials at no additional charge.

**For this understanding, \_\_\_\_\_ (Implementing Organization's) nurses or educators will:**

1. Participate in a training session on the *Period of PURPLE Crying* program through the use of the 20-minute nurse training PowerPoint presentation provided by the NCSBS.

2. Distribute the *PURPLE* DVD and booklet (always as a package) to families of new infants for whom your organization serves, in their preferred language.
3. Protect the fidelity of the *Period of PURPLE Crying* by following the implementation protocol and avoiding the use of conflicting programs or materials in conjunction with the *PURPLE* materials. (e.g. programs that claim that all inconsolable crying can be soothed if only parents respond in the correct way. This is in conflict with the *PURPLE* message.)
4. Use the essence of, or the actual scripts of your choice: Nurse Talking Points, 3-, 5- or 10-minute script when presenting the program to parents of new infants.
5. Show the *PURPLE* DVD to the parents of new infants, both mother and father, before being discharged from the hospital whenever possible.

**Additional considerations:**

- The NCSBS will authorize, through written approval, requests to show the program on close circuit television once the organization has implemented the program and families of newborns receive their own copy. Contact the NCSBS for written authorization.
- Prior to any group or individual conducting a research project, or evaluation on the *PURPLE* Program, the NCSBS requests to be informed. The NCSBS respects and encourages research and evaluation of prevention programs and can be of assistance.

**Agreement**

The *Period of PURPLE Crying* program is a prescribed and tested program that has been validated as a means of improving knowledge and behavior by randomized controlled trials. It is essential that only the materials designed for the program are used to preserve the integrity of the messages and the program. By signing below, you are accepting to honor the integrity of the program design. You agree to use the actual, or essence of one of the scripts provided when presenting it to each parent and to provide the parent(s) of each new infant your organization serves with their own copy to take home. You are aware of and will utilize the implementation protocol provided with this understanding.

**Signatures:**

\_\_\_\_\_  
**National Center on Shaken Baby Syndrome**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
**Implementing Organization**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip Code**

*Please continue to page 3.* The following information is for internal office use only.

**Name of Implementing Organization:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Web Site: \_\_\_\_\_

**Name of Primary Contact for Implementing Organization:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**(If different) Name of Purchasing and/or Funding Organization:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you interested in receiving program updates in an emailed version of our *Period of PURPLE Crying* Crying Times Quarterly Newsletter?

Yes\*       No

\*If yes, what is the best email address to use for this? \_\_\_\_\_

Are you interested in attending complimentary webinars hosted by the *Period of PURPLE Crying* program?

Yes       No

**For NCSBS office use only:**

- 1. Registered for on-line training
- 2. Memorandum of Understanding (MOU)
- 3. Order/Invoice/Receipt
- 4. Copy Release Form (*optional*)