



## Fidelity Agreement

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The National Center on Shaken Baby Syndrome (NCSBS) is pleased to offer the *Period of PURPLE Crying* program. The following information describes the responsibilities of the 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 and in accordance with the program Implementation Protocol.

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

1. Provide the *Period of PURPLE Crying* program materials in the quantity ordered.
2. Provide a protocol for implementing the *Period of PURPLE Crying* program into the organization's shaken baby syndrome/abusive head trauma prevention program.
3. Provide free access to Online Training Modules which include updated training materials for your organization to ensure that new staff members and existing staff members feel confident authorizing the program to parents. The training materials include the following:
  - A. Training for Implementation (narrated PowerPoint presentation and quiz);
  - B. 3-minute and 10-minute Talking Point Instructions- quick, convenient statements to use when presenting the *Period of PURPLE Crying* program materials to parents of new infants;
  - C. Reinforcement Talking Points are used when reminding parents about *Period of PURPLE Crying* program messages and resources;
  - D. FAQ for Parents; and
  - E. FAQ for Professionals
4. Provide on-going technical and administrative support.
5. Provide free resources, and research updates at no additional charge.

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

1. Register for online training access and participate in a training session on the *Period of PURPLE Crying* program through the use of the Training for Implementation presentation provided by the NCSBS.
2. Distribute the *PURPLE* program materials as a package in the chosen format, booklet with DVD or booklet with web and mobile application (App) to each family of a new infant for whom your organization serves, in their preferred language. Please note, language options vary depending on chosen package format.
3. Protect the fidelity of the *Period of PURPLE Crying* program by following the Implementation Protocol and avoiding the use of conflicting programs or materials in conjunction with the *PURPLE* program materials. (E.g. programs that claim that all inconsolable crying can be soothed if only parents respond in the correct way, as this is in conflict with the *PURPLE* message.)
4. Use the 3-minute Talking Point Instructions when presenting the program to parents of new infants and/or the Reinforcement Talking Points when reminding parents about the important program messages.
5. Show the *Period of PURPLE Crying* video to the parents/caregiver of new infants within the first two weeks of the infant's life. The *Period of PURPLE Crying* video is the tested prevention program, therefore the *Crying, Soothing, Coping* video is not to be shown in place of the *PURPLE* video.

**Additional considerations:**

- The NCSBS will authorize, through written approval, requests to show the *Period of PURPLE Crying* video on close circuit television once the organization has implemented the program. Contact the NCSBS for written authorization. The *Crying, Soothing and Coping* video is not available to be used on a closed circuit television system.
- 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 including the delivery model and providing each family with their own set of program materials to own, review and share with other caregivers. You are aware of and will utilize the Implementation Protocol provided with this understanding.

Primary Contact Information		Secondary Contact Information	
Name:		Name:	
Title:		Title:	
Phone:		Phone:	
Email:		Email:	
Street Address:		Street Address:	
City:		City:	
State/Providence:		State/Providence:	
Zip/Postal Code:		Zip/Postal Code:	
Organization Fax:			
Organization Website:			

Signatures:

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Implementing Organization Signature

Date

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Print Name and Title

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National Center on Shaken Baby Syndrome Signature

Date

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Print Name and Title