



Fidelity Agreement

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 and permanent 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, but are not limited to, 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 using the Training for Implementation presentation provided by the NCSBS.
2. Distribute the *PURPLE* program materials as an App+Booklet package, 10-page booklet with web and mobile application (App), to each family of a new infant for whom your organization serves, in their preferred language.
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 booklet pages or 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/caregivers of new infants prior to or within the first two weeks of the infant's life in conjunction with the App+Booklet package. 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, App+Booklet, to own, review and share with other caregivers. You are aware of and will utilize the Implementation Protocol provided with this understanding.

This agreement is valid for three (3) years from the date signed below. Either party has the right to terminate the agreement before this date.

Primary Contact Information		Secondary Contact Information	
Name:		Name:	
Title:		Title:	
Phone:		Phone:	
Email:		Email:	
Organization's Billing Address		Organization's Primary Shipping Address	
Street Address:		Street Address:	
City:		City:	
State/Providence:		State/Providence:	
Zip/Postal Code:		Zip/Postal Code:	
AP/Invoice Email:			
Organization Fax:			
Organization Website:			
# of Families Served in 1 Year:			

Signatures:

Implementing Organization Signature

Date

Print Name and Title

National Center on Shaken Baby Syndrome Signature

Date

Print Name and Title