

The Period of **PURPLE** Crying® Hospital Participation Agreement

Purpose of this Agreement is as follows: To clearly identify the collaborative relationship and define the individual roles and responsibilities of the Oklahoma State Department of Health (OSDH) and _____ (hospital) in facilitating the implementation of the *Period of PURPLE Crying*® (PURPLE) program in your hospital.

The Terms of this Agreement are as follows:

The OSDH agrees to:

1. Provide DVD, Apps, and educational materials needed to successfully implement the *Period of PURPLE Crying* educational program
2. Work with the hospital to secure a password and username for on-line training curriculum used for continuing training for those delivering the program.
3. Assist the hospital with obtaining necessary forms to upload the *Period of PURPLE Crying* videos onto the hospital's in-house patient education system
4. Assist the hospital with obtaining information on how to upload the *Period of PURPLE Crying* videos onto the hospital's learning management system (LMS) to enable easier tracking of staff education by manager or educator
5. Work with the hospital to receive updated training materials for your hospital nurses/educators to ensure that new staff members and existing staff members feel confident presenting the program to parents

This course will educate and prepare providers to deliver the evidence-based *Period of PURPLE Crying* education and materials to parents. The course contains **3 mandatory lessons** and a quiz assessment that will take approximately 1 hour to complete. At the completion of this course, providers should feel confident in delivering the *Period of PURPLE Crying* program to families and answering their questions. The lessons included in this course are:

1. *Period of PURPLE Crying* video
2. *Period of PURPLE Crying* booklet
3. *Crying, Soothing, Coping: Doing What Comes Naturally* video
4. *Period of PURPLE Crying* Implementation Training



Lessons one (1), two (2) and four (4) are mandatory to view. Lesson three (3) is highly recommended.

Additional resources are available for download including, but not limited to; Program Overview, 3- Minute Talking Points, Reinforcement Talking Points, FAQs for Professionals, FAQs for parents, NICU letter, Implementation Checklist, and Fidelity Agreement

6. Provide consultation, technical assistance and support to hospitals as they implement the program
7. Track activation and usage of PURPLE apps that hospitals distribute to parents and give feedback to individual hospitals

The Period of **PURPLE** Crying®
Hospital Participation
Agreement

The Hospital agrees to:

1. Assign a specific contact person within the hospital that will be responsible for providing oversight of program implementation
2. Assure participating staff have completed appropriate training provided by the National Center for Shaken Baby Syndrome (NCSBS) before educating mothers and/or family members
3. Distribute the *PURPLE* video or app and booklet (always as a package) to families of new infants born in your hospital
4. When offering the app to parents, assist them to upload the app on their phone at that time and open the app to show them what is included on the app and how to use it: videos, booklet, infant information , and tracking information 
5. Show the *PURPLE* video to the parents of new infants, both mother and father, before being discharged from the hospital whenever possible
6. 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 message
7. 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.

The person designated as the point of contact is _____

He/She can be reached at phone _____ e-mail _____

Maternal Child Director/Hospital

Date

OSDH Maternal and Child Health Director

Date

Please send completed form to DawnMB@health.ok.gov
For questions or needs about the Period of PURPLE Program contact
Baarbara-Koop@ouhsc.edu or call (405) 271-7777

