



Application Date: ____/____/20____

Date of Enrollment: ____/____/20____

Application for Child Care

[to be completed and placed in file prior to enrollment]

Child's name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;">(Last)(First)(MI)(Nickname)</div>	Birth date: ____/____/20____
Information About Parents/Guardian:	
MOTHER/Guardian's name: _____ Best phone: (____) ____-____	
Address: _____ Zip code _____	
Marital status: ____ married ____ single ____ separated ____ divorced (<u>official documentation may be required</u>)	
If separate or divorced, who has custody? _____; who pays child support? _____	
Employer: _____ Work Phone: (____) ____-____	
Best email address: _____ Cell Phone: (____) ____-____	
FATHER/Guardian's name: _____ Best Phone: (____) ____-____	
Address (if different from mother's): _____ Zip code _____	
Marital status: ____ married ____ single ____ separated ____ divorced (<u>official documentation may be required</u>)	
If separate or divorced, who has custody? _____; who pays child support? _____	
Employer: _____ Work Phone: (____) ____-____	
Best email address: _____ Cell Phone: (____) ____-____	
Medical Information About Your Child:	
(Any "Yes" answer in this section may require additional forms to be signed by your child's doctor and the parents/guardians)	
Does your child have any known allergies? ____ No; ____ Yes. If YES, explain in detail on a separate attachment.	
Does your child require an EpiPen® for allergic reactions? ____ No; ____ Yes. If YES, explain in detail on a separate attachment.	
Does your child have a past, chronic or ongoing neurological, mental, behavioral, emotional, or sensory illness or condition, special need or dietary requirement or preference? ____ No; ____ Yes. If Yes, explain in detail on a separate attachment.	
Emergency Information:	
Name of child's doctor: _____ Phone: (____) ____-____	
Doctor's address: _____	
Hospital preference for child: _____ Phone: (____) ____-____	
(Specific Name Required)	
If neither parent (or guardian) can be reached, call these persons (please list relationship):	
Name	Relationship
_____	_____ (____) ____-____ (____) ____-____
_____	_____ (____) ____-____ (____) ____-____
In the event of an emergency and parent/guardian cannot pick up your child, please give the names of persons to whom the child can be released: _____	
~~~~~	
<b>We/I [a] certify that we/I have read and understand this entire form, [b] certify that the information herein is true, complete and correct, [c] agree to be responsible for all financial obligations that are part of our child's enrollment at Providence Preparatory School ("PPS") including PPS' accommodations for any present or future medically documented allergy or special diet or other need my child may have, and [d] agree that PPS may authorize a doctor of PPS' choice to provide emergency care if neither we/I nor our family doctor can be contacted immediately. If the above explanations require additional space, I will check this blank [ ] and will attach additional sheet(s) with the additional information printed neatly or typed, signed by us/me and dated.</b>	
MOTHER's/GUARDIAN's signature: _____ Date: ____/____/20____	
FATHER's/GUARDIAN's signature: _____ Date: ____/____/20____	
In the event of an emergency involving this child, PPS [a] <u>will not administer any drug or any medication without specific instructions from the child's doctor approved by the child's parent/guardian and PPS' Release and Waiver signed by the child's parent/guardian and delivered to PPS prior to this child's first day of enrollment</u> , [b] will provide transportation to an appropriate medical facility, and [c] will make appropriate accommodations at PPS' facilities during such event.	
PPS' signature: _____ Date: ____/____/20____	



## Medical Report for Child

Print name of Child _____ Birth date: ____/____/20____  
Print name of Parent or Guardian _____  
Print address of Parent or Guardian _____

### A. Medical History (must be completed by parent)

1. Is child allergic to anything? ____ No; ____ Yes. If YES, describe in detail: _____  
(If YES is checked Parents will be requested to sign additional forms potentially including but not limited to [a] an Authorization for Emergency Care of Children with Severe Allergies and [b] a Release and Waiver of Liability for Administering Emergency Treatment to Children with Severe Allergies.)
2. Is child currently under a doctor's or doctors' care? ____ No; ____ Yes. If YES, for what reason? _____
3. Is the child on any continuous medication? ____ No; ____ Yes. If YES, what? _____
4. Any previous hospitalizations or operations? ____ No; ____ Yes. If YES, when and for what? _____
5. Any history of: Previous diseases or recurring illnesses? ____ No; ____ Yes. Diabetes? ____ No; ____ Yes. Seizures or convulsions? ____ No; ____ Yes. Heart trouble? ____ No; ____ Yes. Asthma? ____ No; ____ Yes. If others, what and when? _____
6. Does the child have any physical or neurological disabilities? ____ No; ____ Yes. If YES, describe in detail: _____
7. Any mental disabilities? ____ No; ____ Yes. If YES, describe in detail: _____
8. Any behavioral or emotional abnormalities? ____ No; ____ Yes. If YES, describe in detail: _____

**NOTE:** If additional explanation is provided in a signed and dated attachment, Parent check here: _____

**Signature of Parent or Guardian:** _____ **Date:** ____/____/20____

**Signature of Parent or Guardian:** _____ **Date:** ____/____/20____

**B. Physical Examination:** This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the NC Board of Medical Examiners, a certified nurse practitioner, or a public health nurse meeting NC DHHS standards for an Early Periodic Screening, Diagnostic & Treatment (EPSDT) program.

Height _____%	Weight _____%	Head _____	Eyes _____
Ears _____	Nose _____	Teeth _____	Throat _____
Neck _____	Heart _____	Chest _____	
Abd/GU _____	Ext _____	Neurological system _____	
Skin _____	Vision _____	Hearing _____	

Results of TB test, if given: Type ____; Date given: ____/____/20____ ____ Normal; ____ Abnormal; ____ follow up.  
Developmental evaluation: ____ delayed; ____ age appropriate. If DELAYED, note significance and special care needed; _____

Should activities be limited? ____ No; ____ Yes. If YES, explain: _____

Any other recommendations: _____

**NOTE:** If additional explanation is provided in a signed and dated attachment, Physician check here: _____

_____  
**Signature of Doctor or authorized medical practitioner**

**Phone #:** (____) - ____ - ____

**Date of Examination:** ____/____/20____

[PPS - MEDICAL REPORT for CHILD - 123015] 062116-1220p



# CHILD'S IMMUNIZATION REPORT

Child's name: _____ Date of Birth: _____ / _____ /20

**INSTRUCTIONS:** Enter each date of each dose received (Month/Day/Year) or attach a copy of the Child's North Carolina Immunization Registry ("NCIR") immunization record. North Carolina General Statute 130A-155(b) requires child care facilities to file this information. Please refer to Page 2 of this form for the "Minimum State Vaccine Requirements for Child Care Entry" and the "Vaccines Recommended by the Advisory Committee on Immunization Practices (ACIP), But NOT Required".

**If Child's doctor prefers to provide Child's "North Carolina Immunization Registry" record, go to the bottom of Page 2, check the box, sign and date.**

**ENTER DATE OF EACH DOSE > MONTH/DAY/YEAR**

Vaccine Type	Vaccination Abbreviation	Trade Name	Combination Vaccines	1	2	3	4	5
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV, OPV	IPOI	Pediarix, Pentacel, Kinrix					
Haemophilus, Influenza type B	Hib **	Act B/B, Pedvax Hib **	Pentacel					
Hepatitis B	Hep B, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	Proquad					
Varicella/Chicken Pox	Var	Varivax	Proquad					
Pneumococcal Conjugate *	PCV, PCV-13, PPV-23	Prenvar, Pneumovax ***						

**LEGEND:** * Required by NC state law for child borne on or after July 1, 2015.

** 3 shots of Pedvax Hib are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

*** Pneumovax is a different vaccine than Prevnar and may be seen in high risk children.

- NOTE:**
1. Children beyond their 5th birthday are not required to receive the Hib or PCV vaccines.
  2. Gray-shaded boxes above indicate that the child should not have received any more doses of that vaccine.

**Parents must sign and date in this box to permit PPS to accept the Child's NCIR for FUTURE immunization updates:** _____ **Date:** _____ / _____ /20

Record updated by:	Date:	Record updated by:	Date:

# CHILD'S IMMUNIZATION REPORT

## MINIMUM STATE VACCINE REQUIREMENTS FOR CHILD CARE ENTRY

By this age:	Children need these shots:									
3 months	1 DTaP	1 Polio		1 Hib	1 Hep B	1 PCV				
5 months	2 DTaP	2 Polio		2 Hib	2 Hep B	2 PCV				
7 months	3 DTaP	2 Polio		2-3 Hib **	2 Hep B	3 PCV				
12-16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib **	3 Hep B	4 PCV				1 Var
19 months	4 DTaP	3 Polio	1 MMR	3-4 Hib **	3 Hep B	4 PCV				1 Var
4 years or older (in child care only)	4 DTaP	3 Polio	1 MMR	3-4 Hib **	3 Hep B	4 PCV				1 Var
4 years and older (and in kindergarten)	5 DTaP	4 Polio	2 MMR	3-4 Hib **	3 Hep B	4 PCV				2 Var

## VACCINES RECOMMEND BY THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP), BUT NOT REQUIRED.

Vaccine Type	Vaccination Abbreviation	Trade Name	Recommended Schedule	1	2	3	4	5
Rotavirus	RV Rota	Roteteq Rotarix	2 months, 4 months, 6 months.					
Hepatitis A	Hep A	Havrix Vaqta	12-23 months, then another dose within 6-18 months.					
Influenza	Flu	Fluzone, Fluorix, Flulaval, Fluvirin, FluMist, Afluria	Annually after 6 months of age.					

**LEGEND:** ** 3 shots of Pedvax Hib are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

**If this box is checked by the doctor signing below he/she chooses to substitute the attached Child's NCIR mentioned above.**

Signature of Child's doctor: _____ Date of Child's doctor's signing: ____/____/20____

Name of Child's doctor (printed): _____ Doctors' phone number: _____ - _____ - _____

This form is made from the NCDCDEE template found at [http://ncchildcare.nc.gov/pdf_forms/childs_immunization_history.pdf](http://ncchildcare.nc.gov/pdf_forms/childs_immunization_history.pdf) and the NC Division of Public Health, as revised on 01/16/2016.

[PPS - IMMUNIZATION FORM for CHILD - based on NCDCDEE template - 012818] db 013018-0653p



## **STATEMENT OF DISCIPLINE**

PPS offers children many opportunities to engage in constructive work and play which enable them to learn cooperation, and how to get along with others. Self-discipline grows as children come to understand PPS' expectations, are given opportunities to make appropriate choices and are provided an environment conducive to acceptable behavior.

Setting limits gives children a sense of security. They will come to trust responsible adults who will stop unacceptable behavior if they are not able to do so themselves.

After explaining rules, teachers will be consistent, firm, and fair as they enforce them in a positive manner. Teachers will attempt to understand reasons for a child's disruptive behavior, and then endeavor to modify the behavior by redirection, encouraging problem solving, and verbalization.

A teacher's purpose is to help children. Therefore, every attempt will be made to encourage children to be responsible for their actions. Separation from the group will be used as a last resort. Physical punishment, slapping, or spanking will not be allowed as a punitive measure, nor will teachers threaten a child with such punishment. Teachers will use a voice that is pleasant, yet firm, positive, yet not demanding, and make suggestions rather than commands. Teachers will be alert to situations and attempt to foresee and forestall trouble. PPS will attempt to maintain an atmosphere of freedom, friendliness and creativity as children become aware of their work, as individuals as well as members of a group.

By signing below I, as Parent of the Child named below, acknowledge that I have received, read, understand and consent to this Statement of Discipline and the separate "Discipline and Behavior Management Policy" and all discipline and behavior policies (including biting) as described separately or referred to in PPS' Parent Handbook, which collectively comprise the discipline and behavior policy of PPS.

Child's name (printed): _____

Parent's signature: _____

Parent's name printed: _____

Parent's signature: _____

Parent's name printed: _____

Date signed: ____/____/20____



Name of Center: Providence Preparatory School

## Discipline and Behavior Management Policy

Date Adopted: September 2012

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

### We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO stay consistent in our behavior management program.

### We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____ Date _____

Distribution: one copy to parent(s) signed copy in child's facility record

*Policy from the North Carolina Division of Child Development and Early Education.

The following requirements apply to both centers and homes.

### Transportation

Child care centers or family child care homes providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratio must be maintained.

### Records

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills practiced with safe evacuation of children must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care.

### Discipline

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in the discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers and family child care homes. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

### Parental Rights

- Parents have the right to enter a family child care home or center at any time while their child is present.
- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at: [www.ncchildcare.net](http://www.ncchildcare.net). For more information on the law and rules, contact the Division of Child Development and Early Education at 919-662-4499 or 1-800-859-0829, or visit our homepage at: <http://www.ncchildcare.net>.

### Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every center or family child care home. These files can be

- viewed during work hours;
- requested via the Division's web site at [www.ncchildcare.net](http://www.ncchildcare.net); or,
- requested by contacting the Division at 1-800-859-0829.

### How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be fined up to \$1,000 and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-662-4499 or 1-800-859-0829.

### Child Abuse or Neglect

Abuse occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. Abuse may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. Neglect occurs when a child does not receive proper care, supervision, or discipline, or when a child is abandoned. **North Carolina law requires any person who suspects child abuse or neglect to report the case to the county department of social services.** In addition, any person can call the Division of Child Development and Early Education at 919-662-4499 or 1-800-859-0829 and make a report of suspected child abuse or neglect in a child care operation. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any abuse/neglect complaint or the issuance of any administrative action against the child care facility.

## Division of Child Development and Early Education

North Carolina Department of  
Health and Human Services  
319 Chapanoke Road  
Raleigh, NC 27603

**Revised November 2011**

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.

2,000 copies of this document were printed at a cost of  
\$179.64 or \$0.09 per copy.

# Summary of the North Carolina Child Care Law and Rules

### What Is Child Care?

The law defines child care as:

- three or more unrelated children under 13 years of age
- receiving care from a non-relative
- on a regular basis, of at least once a week
- for more than four hours per day but less than 24 hours.

It is only when all of these conditions exist that regulation is required.

The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education.

The purpose of regulation is to protect the well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

### Star Rated Licenses

Centers and homes that are meeting the minimum licensing requirements will receive a one star license. Programs that choose to voluntarily meet higher standards can apply for a two through five star license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program.

### Family Child Care Homes

A family child care home is licensed to care for five or fewer preschool age children, and can include three additional school-age children. This includes preschoolers living in the home, but the provider's own school-age children are not counted (Individuals caring for one or two children are exempt from being licensed). Licenses are issued to family child care home providers who meet the following requirements:

- Home providers must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children.
- He or she must undergo a criminal records background check initially, and every three years thereafter.
- All household members over age 15 who are present in family child care homes when children are in care must also undergo a criminal records background check initially, and every three years thereafter.

All family child care home providers must have current certification in CPR and first aid and complete an ITS-SIDS training (if caring for infants 0 -12 months) every three years. They also must complete a minimum number of training hours annually.

All family child care homes must meet basic health and safety standards. Providers must maintain verification of children's immunization and health status. They must provide developmentally appropriate toys and activities, as well as nutritious meals and snacks for the children in care. All children must participate in outdoor play at least one hour per day, if weather conditions permit.

### Child Care Centers

Licensing as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License. Programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Licensed centers must meet requirements in the following areas.

### Staff

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. At least one person on the premises must have CPR and First Aid training. All staff must also undergo a criminal records background check initially, and every three years thereafter.

### Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes for licensure are shown below and must be posted in each classroom.

Age	Teacher : Child Ratio	Maximum Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School-age	1:25	25

*Small centers in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.*

### Space and Equipment

To meet licensing requirements, there must be at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

### Curriculum

The Division of Child Development and Early Education does not promote or require any specific curriculum over another unless programs are using curriculum to get a quality point for the star-rated license. Child care programs choose the type of curriculum appropriate for the ages of the children enrolled. Activity plans must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. Rooms must be arranged to encourage children to explore and use materials on their own.

### Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed programs to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. They must have space and time provided for rest.



## Summary of North Carolina Child Care Law and Rules

The North Carolina Division of Child Development has provided a brochure for all parents having children enrolled in Child Care Centers in the state of North Carolina.

Please sign the following:

I, _____, have received the Summary of North Carolina Child Care Law Brochure.

Signed _____ Date _____



## OPT IN

### CONFIRMATION for FAITH FORMATION CURRICULUM

I/we the undersigned, as the "Parents" of our "Child" whose name and date of birth are listed below, have requested that Providence Preparatory School ("PPS") permit my/our Child to participate in PPS' Christian Faith Formation curriculum (the "Program"), which, as I/we understand it, is an age-appropriate non-denominational exposure to the Bible for children who are two years old through prekindergarten age. I/we understand topics include stories, illustrations and activities coming from and/or related to both the Old Testament and the New Testament which expose children to a vision of God and His love for us as expressed in the life, death and resurrection of His Son, Jesus Christ.

I/we understand that the Program starts in the older two-year-old room and continues through the prekindergarten-age rooms and is usually presented once or twice weekly for ten to fifteen minutes but may last for up to thirty minutes. In addition, I/we understand there may be "Chapel" sessions in The Square once weekly for the same ages and lasting for the same time increments. Chapel time is a fun and interactive way for the teacher of the Program to be able to recap the Bible stories and themes through music and gross motor movement giving the children time to get their "wiggles" out after nap time. Any part of the Program may begin and/or end with a short prayer which the children, or your Child individually, may volunteer to lead or participate in verbally.

The Program is taught in both of PPS' buildings in Charlotte, North Carolina, specifically the "Providence" building at 3031 Providence Road and in the "Westbury" building at 3051 Providence Road. The Square (a/k/a, the multi-purpose room) is located in the center of both buildings.

**CHILD's name** (printed): _____

**Child's date of birth:** ____/____/____ **Child's current age:** ____ years old

**MOTHER's name** (printed): _____

**Signature:** _____ **Date signed:** ____/____/____

**FATHER's name** (printed): _____

**Signature:** _____ **Date signed:** ____/____/____



### Photo/Social Media Permission Form

Providence Preparatory School has many times throughout our day that we love to document all the wonderful things at our school through use of pictures. These pictures could be used in the following ways.

- In your child's developmental portfolio.
- In the lobby slide show on our TV's.
- On our website [www.providenceprepschool.com](http://www.providenceprepschool.com)
- On our Facebook page
- On our Instagram page

We would like to include pictures of children learning in the classrooms, participating in special events, and photos of family events. It is the policy of PPS **NOT** to include the name, address, or any other identifying information of any child or to publish the names of children. We wish to respect your wishes regarding possible inclusion of you/your child's picture. **Please check your preference(s) below, sign and date this form, and return it to us.**

Name of child: _____

Parent/Guardian Signature: _____

Date: _____

#### **Please indicate your preferences below:**

- ☐ I DO grant permission for my child's photo to appear on the PPS Website.
- ☐ I DO grant permission for my child's photo to appear on Social Media (i.e. Facebook page, Instagram page, etc.)
- ☐ I ONLY grant permission for my child's photo to appear for internal use.
- ☐ I DO NOT grant permission for my child's photo to appear in any of the above.

## Sick Child Policy

Providence Preparatory School ("PPS") stresses safe hygiene and sanitation practices in accordance with the requirements of the North Carolina Department of Health and Human Services ("NCDHHS"), North Carolina Division of Child Development and Early Education ("DCDEE") and the U. S. Department of Health and Human Services ("USDHHS") by following this Sick Child Policy (the "Policy"). Most children will periodically experience normal infections, illnesses and injuries (collectively, "Illness") in their early years. Children who develop symptoms of an illness while at PPS will be isolated from the group (if deemed necessary by PPS) and provided a place to rest at PPS until a Parent can take them home. When deciding whether their child is well enough to attend school, PPS expects Parents to seriously consider how their child's Illness may affect other children and staff at PPS. If a Parent is unsure as to whether they should keep their child home, they should call their child's doctor and/or check the "Guidelines" listed below.

Guidelines: A children must stay home or will be sent home if he/she exhibits the following:

1. Fever over 100 degrees Fahrenheit, auxiliary, under arm. (A child cannot return to PPS until he/she has been fever-free for at least 24 hours without the use of fever suppressants.)
2. Strep throat. (A child cannot return to the school sooner than 24 hours after the medical treatment has started.)
3. Two or more episodes of vomiting within a 12-hour period (A child cannot return to the school until vomiting has ended for at least 24 hours.)
4. Sudden onset of diarrhea characterized by an increased number of bowel movements compared to the child's normal pattern and with increased stool water. (A child cannot return to the school until they have been diarrhea-free for 24 hours and have had a normal bowel movement.)
5. Red eye(s) with white or yellow discharge (A child cannot return to PPS sooner than 24 hours after medical treatment has started)
6. Unexplained rash.
7. Symptoms of any contagious disease including but not limited to Chicken Pox, Tuberculosis, Scabies, Lice, Salmonella, Rotavirus, Impetigo, Pertussis, Hepatitis A Virus, etc.

NOTE: Any reference to "24 hours" in the Guidelines means that a sick or injured child cannot return to PPS sooner than 7:00 AM on the day that is at least 24 hours after the last to occur of [i] the child being discharged for an illness, [ii] the doctor-directed medical treatment has started, or [iii] the vomiting, diarrhea, eye infection, fever or strep throat has ended (EXAMPLE: If a child is discharged for an illness anytime between 7:00 AM and 6:00 PM on a Tuesday, that child may not return to PPS until 7:00 AM on the next following Thursday). Nothing in this Policy will prevent PPS in its sole and professional discretion from determining that a child has not recovered from his/her Illness sufficiently for the child to return to or remain at PPS. In addition, to be considered "well," a child must be willing and able to readily participate in all regular activities at PPS including outdoor play. PPS may require a written note from the child's doctor stating that the child is "not contagious" before PPS will consider permitting the child to return to PPS, but Parents understand that a doctor's note will not require PPS to admit their child back into PPS if their child does not exhibit feeling well. This Policy is further subject and subordinate to the requirements of the most current version of PPS' Parent Handbook.

I have read and understand this Policy and agree to abide by the Guidelines above.

Signature of Parent: _____

Date: ____/____/20____

Name of Parent (printed): _____

Signature of Parent: _____

Date: ____/____/20____

Name of Parent (printed): _____



## Permission to Administer Topical Ointment/Lotion/Powder

Authorization must be provided for staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder. Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of the reach of children when not in use.

Child's Name: _____

From: ____ / ____ / ____ To: ____ / ____ / ____ Permission may be given for up to 12 months.

I give permission to my child care provider to apply the medication listed above as instructed.

Name of Ointment: _____ (or any brand provided by the Parent or School) Amount: _____

Apply to:

- ☐ All exposed skin      ☐ Diaper area  
☐ Face only      ☐ Other (specify) _____

When:

- ☐ Before going outside in the afternoon      ☐ After a bowel movement  
☐ After each diaper change      ☐ Other (specify) _____

We cannot accept "as needed"

Parent/Guardian Signature: _____ Date: _____

Name of Ointment: _____ (or any brand provided by the Parent or School) Amount: _____

Apply to:

- ☐ All exposed skin      ☐ Diaper area  
☐ Face only      ☐ Other (specify) _____

When:

- ☐ Before going outside in the afternoon      ☐ After a bowel movement  
☐ After each diaper change      ☐ Other (specify) _____

We cannot accept "as needed"

Parent/Guardian Signature: _____ Date: _____

Name of Ointment: _____ (or any brand provided by the Parent or School) Amount: _____

Apply to:

- ☐ All exposed skin      ☐ Diaper area  
☐ Face only      ☐ Other (specify) _____

When:

- ☐ Before going outside in the afternoon      ☐ After a bowel movement  
☐ After each diaper change      ☐ Other (specify) _____

We cannot accept "as needed"

Parent/Guardian Signature: _____ Date: _____



## PREVENTION OF SHAKEN BABY SYNDROME AND ABUSIVE HEAD TRAUMA

(Effective March 2017)

Providence Preparatory School ("PPS") believes that preventing, recognizing, responding to, and reporting SHAKEN BABY SYNDROME and ABUSIVE HEAD TRAUMA ("SBS/AHT") is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families. SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. While the shaking may last only a few seconds it can result in severe and permanent injury or even death. According to North Carolina Child Care Rule 10A NCAC 09 .0608, each child care facility licensed to care for children up to five (5) years of age must develop and adopt a policy to prevent SBS/AHT, and/or go to this link: [http://ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp](http://ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp).

**PROCEDURE/PRACTICE:** First, it's important that parents and child care providers recognize SBS/AHT. Signs of abusive head trauma including irritability and/or high pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

If SBS/AHT is suspected by PPS, PPS will [1] call 911 immediately then inform the Director of the respective PPS building (for additional information go to this Mayo Clinic link: <http://www.mayoclinic.org/diseases-conditions/shaken-babysyndrome/basics/symptoms/con-20034461>), [2] call the parents/guardians, and [3] if the child has stopped breathing, trained staff will begin pediatric CPR. (For more information on pediatric CPR go to [www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf)). If child maltreatment including SBS/AHT is suspected by PPS it will be reported to the North Carolina Division of Child Development and Early Education ("DCDEE") by calling **800-859-0829** or by emailing [webmasterdcd@dhhs.nc.gov](mailto:webmasterdcd@dhhs.nc.gov).

**PREVENTION STRATEGIES TO ASSIST STAFF (AS DEFINED BELOW) IN COPING WITH A CRYING, FUSSING, OR DISTRAUGHT CHILD:** PPS shall first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, PPS will attempt one or more of the following calming strategies:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.

In addition, PPS [1] provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed, and [2] allows its staff, who feel they may lose control, to have a short, but relatively immediate break away from the children, with some of this time apart from the crying child being used by the staff member to identify and manage her/his personal stress.

**PROHIBITED BEHAVIORS:** Behaviors that are prohibited include (but are not limited to):

- Shaking or jerking a child
- Tossing a child into the air or into a crib, chair, or car seat
- Pushing a child into walls, doors, or furniture

**STRATEGIES TO ASSIST PPS STAFF MEMBERS UNDERSTAND HOW TO CARE FOR INFANTS:** PPS requires that its staff review [1] the five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development which can be found at this link: [http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf](http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf), [2] "How to Care for Infants and Toddlers in Groups" found at this link: [www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups](http://www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups), and [3] "Considerations for Implementing Relationship-based Care



Practices in Centers Serving Infants and Toddlers" which can be found on Pages 7-9 at this link [https://www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf](https://www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf).

**UNDERSTANDING THE BRAIN DEVELOPMENT OF CHILDREN UP TO FIVE YEARS OF AGE:** All PPS staff will take training on SBS/AHT within first two weeks of employment. Training includes recognizing, responding to, and reporting child abuse, neglect, or maltreatment as well as understanding the brain development of children up to five years of age. Staff shall review and discuss [1] video entitled "Brain Wonders: Nurturing Healthy Brain Development from Birth" found at [www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth](http://www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth), and [2] "InBrief: The Science of Early Childhood Development" from Harvard University found at <http://developingchild.harvard.edu/resources/inbrief-science-of-ecd/>.

**ADDITIONAL RESOURCES FOR STAFF:** PPS' School Administrator and Directors, Child Care Resources, Inc. (CCRI), and Prosolutions® Training.

**OTHER WEB RESOURCES FOR INFORMATION ON SBS/AHT:**

1. <http://www.healthychildren.org/English/safety-prevention/athome/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx>
2. <http://dontshake.org>
3. <http://purplecrying.info/>
4. <http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=+>
5. [http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing SBS_508-a.pdf](http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf)
6. [www.zerotothree.org/early-development](http://www.zerotothree.org/early-development)

**APPLICATION AND DEFINITIONS:** This policy applies to children up to five years of age and their families, operators, early educators, substitute providers, and uncompensated providers. For the purposes of this SBS/AHT policy, the terms "PPS" or "staff" applies to the operator, administrative staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.

**COMMUNICATION TO PARENTS/GUARDIANS AND STAFF:**

- Within thirty (30) days of adopting this policy, PPS shall review the policy with its staff and with parents/guardians of currently enrolled children up to five (5) years of age.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five (5) years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five (5) years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign the following Page 3 of 3 which is ACKNOWLEDGEMENT FORM which includes the child's name, date the child first attended the facility, date PPS' policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the Acknowledgement Form.
- Staff will sign the following Page 3 of 3 which is ACKNOWLEDGEMENT FORM which includes the Staff member's name, the date PPS' SBS/AHT policy was given and explained to the respective staff member, the staff member's signature, and the date the staff member signed the ACKNOWLEDGMENT FORM.
- The child care facility shall keep [1] the **SBS/AHT ACKNOWLEDGEMENT FORM signed by the Parents** in the child's file, and [2] the **SBS/AHT ACKNOWLEDGEMENT FORM signed by the staff member** in the staff member's file.



## ACKNOWLEDGEMENT FORM

for

### PPS' Prevention of Shaken Baby Syndrome and Abusive Head Trauma policy ("SBS/AHT")

#### PARENT OR GUARDIAN SECTION

I, the parent or guardian of _____,  
acknowledge that I have received and read a copy of the PPS' SBS/AHT policy.

Date policy given/explained to parent/guardian: ____/____/____

Date of child's enrollment: ____/____/____

_____  
Print name of parent/guardian

_____  
Signature of parent/guardian

____/____/____  
Date signed by parent or guardian

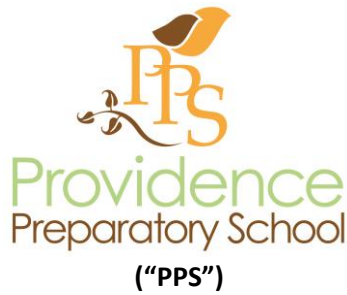
#### PPS STAFF SECTION

I, _____ (Staff Member's name)  
acknowledge that I have received and had ample time to read a copy of the PPS' SBS/AHT policy.

Date PPS' SBS/AHT policy given/explained to the Staff Member named above: ____/____/____

_____  
Print name of Staff Member named above

_____  
Signature of Staff Member named above



## **TUITION EXPRESS® ACH PAYMENT PROCESSING FORM**

PPS offers the Tuition Express® payment processing system that supports tuition and fee payments to be made from parents' bank accounts.

### **ELECTRONIC FUNDS ACH TRANSFER AUTHORIZATION FOR ACH PAYMENTS FROM PARENT'S BANK ACCOUNT**

I (we) hereby authorize PPS to initiate recurring charges to the below referenced bank account. To properly cancel this authorization, we understand that PPS requires that we give PPS at latest ten (10) days written notice.

_____  
Account holder's name(s) (first and last name)

_____  
Account holder's address (including street name, city, state and Zip code)

_____  
Name of BANK

_____  
Routing transit number of BANK

_____  
Bank account number

Building in which our child will be enrolled (check the blank that applies):

____ Providence

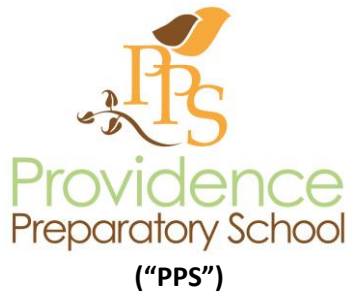
____ Westbury

_____  
Account holder's signature

Today's date: ____/____/20____

_____  
Account holder's signature

Today's date: ____/____/20____



## **TUITION EXPRESS® CREDIT CARD PROCESSING FORM**

PPS uses the Tuition Express® payment processing system that supports on-time tuition and fee payments to be made from parents' debit or credit cards. PPS accepts American Express, Visa, Discover and MasterCard.

### **ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR DEBIT OR CREDIT CARD**

I (we) hereby authorize PPS to initiate recurring debit or credit card charges to the below referenced credit card account. To properly cancel this authorization, we understand that PPS requires that we give PPS at latest ten (10) days written notice.

PPS will add a Convenience Fee of 2.95% to the amount of all debit or credit card transactions. The Convenience Fee is described in the Parent Handbook.

_____-_____-_____-_____-      Expiration Date: ____/____/_____  
Credit Card number

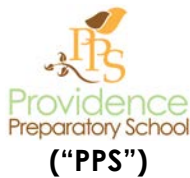
_____  
Cardholder's name printed      Phone #: (____) - ____ - ____

_____  
Cardholder's billing address (including street name, city, state and Zip code)

_____  
Cardholder's signature      Today's date: ____/____/20____

Building in which our child will be enrolled (check the blank that applies):

____ Providence      ____ Westbury



**ACKNOWLEDGEMENT of RECEIPT**  
**of**  
**ENROLLMENT AGREEMENT and PARENT HANDBOOK**

(for SUMMER CAMP only)

By signing below I, as Parent of the Child named below, acknowledge that I have received, read, understand, consent to and will abide by the terms and conditions set forth in [a] the PPS' ENROLLMENT AGREEMENT which I read as part of my/our original online registration, and [b] PPS' PARENT HANDBOOK **. **NOTE: The provisions of PPS' Enrollment Agreement and PPS' Parent Handbook notwithstanding, I understand that refundability of all Tuition for PPS' Summer Camp (the "Summer Camp;" which usually starts the second week of June of every year and ends the third week of the following August) is somewhat different from the refundability of Tuition for PPS' preschool and afterschool programs, specifically all Tuition for Summer Camp will be paid in advance and in all events is non-refundable unless I give notice in writing of my desire to cancel my Child's registration in Summer Camp by the 15th of April that precedes the beginning of PPS' respective Summer Camp session.**

Child's name (printed): _____

Parent's signature: _____

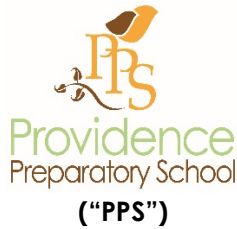
Parent's name printed: _____

Parent's signature: _____

Parent's name printed: _____

Date signed: ____/____/20____

** By signing this form a Parent [A] acknowledges that he/she has been given adequate opportunity and plenty of time to read PPS' PARENT HANDBOOK either in a traditional hard-copy form or on a computer or smart phone in a PDF or similar file, and [B] understands that PPS' Parent Handbook compliments and interrelates with PPS' ENROLLMENT AGREEMENT and contains very important and specific information including, but not limited to, [1] how to communicate with the front office, [2] how to communicate with teachers, [3] accommodations for allergies and other medical conditions, [4] disciplinary issues including PPS' biting policy, [5] drop-off and pick-up times, and [6] aging-up transitions and the placement of children in specific classes, especially pre-kindergarten classes.



## SUMMER CAMP FIELD TRIP TRANSPORTATION FORM

(For SUMMER CAMP FIELD TRIPS and related excursions. No for an After-Schooler's School pick-up)

I/we, the "Parents" of the "Child" named below, authorize and give permission to PPS to transport my/our Child on various FIELD TRIPS and related excursions that are part of PPS' SUMMER CAMP program, by using a "Bus" owned or leased and operated by PPS. The various destinations and dates of each Field Trip are listed on the "PPS Summer Camp [year] Field Trip Itinerary" form (**) which once signed by me/us becomes part of this Transportation form.

I/we understand that the Bus will be driven by a person (normally an employee of PPS) who is qualified to drive the Bus. The Bus will normally be the type of bus generally referred to as a "mini-bus" (not a van) and capable of transporting fourteen (14) passengers plus the Bus driver. If I/we arrive at PPS too late to

This permission is valid for a period of one (1) year (the "Permission Year") that begins on the date I signed below (or the latest date we signed below).

Child's name printed: _____ DOB: ____/____/20____

Parent's signature: _____ Date: ____/____/20____

Parent's name printed: _____

Parent's best and emergency phone #: (____) - ____ - ____

Parent's signature: _____ Date: ____/____/20____

Parent's name printed: _____

Parent's best and emergency phone #: (____) - ____ - ____

Non-parent contact's name printed: _____

Non-parent contact's emergency phone #: (____) - ____ - ____

** The "PPS Summer Camp [year] Field Trip Itinerary" form may have a different name from year to year but will be the listing of all Field Trips to be taken by the Summer Campers during the Permission Year.

[PPS - TRANSPORTATION form - SUMMER CAMP FIELD TRIPS - 081418] db pol 081718-1024a



## OFF-PREMISES ACTIVITY AUTHORIZATION

For: **AFTER-SCHOOL & SUMMER CAMP**

Off-premises activities refer to any activity which takes place outside of and/or away from a licensed and approved space at Providence Preparatory School ("PPS"). Licensed and approved space is defined by the North Carolina Division of Child Development and early Education ("DCDEE") and includes primary space inside PPS' buildings (such as classrooms, single-use rooms, and other administrative areas) and outdoor space (such as a playground), that have been approved as licensed and approved space. DCDEE requires that Parents sign this form before PPS can include their child in an off-premises activity.

I, the undersigned "Parent(s)" (which may include a legal guardian) of the "Child" named below, authorize and give permission to PPS for my/our Child to participate in an off-premises activity, generally to walk, participate in a fire drill, and to participate in any other normal extra-curricular activities, the purpose of which is to specifically provide age-appropriate educational experiences and to practice routine safety measures. This authorization and permission shall last for either one (1) year after the date I as Parent sign below, or, if both Parents sign, then the later date signed by one of the Parents.

Child's name (printed): _____

Name of Parent (*signed*): _____

Name of Parent (*printed*): _____

DATE signed by Parent: ____/____/20____

Name of Parent (*signed*): _____

Name of Parent (*printed*): _____

DATE signed by Parent: ____/____/20____



## **AFFIDAVIT OF PROMOTION FROM FIRST GRADE TO SECOND GRADE**

(for PPS' Summer Camp)

I/We the undersigned Mother and Father and/or Guardian (collectively referred to herein as "Parents") desire to enroll our "Child" whose name is listed below, in the "Summer Camp" program at Providence Preparatory School ("PPS") for all or a portion of the "Summer Camp Period" described below.

PPS has made it very clear to us that [1] PPS' Summer Camp will operate (or operates, as the case may be) on the second (2nd) floor of PPS' "Providence" building at 3031 Providence Road, Charlotte, NC, [2] Section 320.1 in Chapter 3 of the 2018 North Carolina Building Code ^[a] states that "Group E (Education) Rooms used for first grade children and younger shall be located on the level of exit discharge. Rooms used for second grade children shall not be located more than one story above the level of exit discharge," and [3] Section 202 in Chapter 2 of the 2018 North Carolina Building Code ^[b] defines the "level of exit discharge" as "the story at the point at which an exit terminates and an exit discharge begins" (*which level of exit discharge is usually at ground level*), and an "exit discharge" as "that portion of a means of egress system between the termination of an exit and a public way" (*which exit discharge is generally dedicated walkway from the building's exit to the public street or sidewalk*).

Accordingly, we/I promise and certify to PPS that [i] our Child has completed and was promoted from first grade to second grade at the School listed below which is a properly accredited public or private school (or, if applicable, has been home-schooled to achieve first grade competency requirements) in North Carolina, [ii] upon request from PPS we will provide PPS with the necessary documentation to confirm that our Child has completed and/or been promoted from first grade to second grade, and [iii] our Child is therefore able to immediately attend an accredited public or private elementary school as a second grade child.

CHILD (full name printed): _____ Date of Birth: ____/____/20____

SUMMER CAMP PERIOD: For most weekdays during the weeks beginning on the first Monday following the end of the school year for the Charlotte-Mecklenburg School system ("CMS") which usually occurs about June 5th – 10th each year, and ending about ten (10) weeks later on the Friday in August right before the start of the next CMS school year, but excluding PPS holiday observances on July 4th and 5th.

SCHOOL (along with its address) from which our Child was promoted from first grade to second grade: _____

Date on which our Child was promoted from first grade to second grade at this School: ____/____/20____.

**NOTE: BOTH PARENTS MUST SIGN THIS FORM TO MAKE IT VALID UNLESS ONE PARENT IS DECEASED.**

Signature of MOTHER or Guardian #1: _____ Best Phone #: ____-____-____

PRINT NAME of MOTHER or Guardian #1: _____

Mother's or Guardian # 1's ADDRESS: _____

ZIP: _____

EMAIL ADDRESS for MOTHER or Guardian #1: _____

Signature of FATHER or Guardian #2: _____ Best Phone #: ____-____-____

PRINT NAME of FATHER or Guardian #2: _____

Father's or Guardian #2's ADDRESS if different from Mother's or Guardians #2's: _____

ZIP: _____

EMAIL ADDRESS for FATHER or Guardian #2: _____

^[a] <https://codes.iccsafe.org/content/NCFC2018/chapter-3-general-requirements>

^[b] <https://codes.iccsafe.org/content/NCBC2018U/chapter-2-definitions>