

**Texas Health and Human Services**  
**Application for Licensed Child Care Center**  
**Ad Astra School, Bastrop, TX**  
**June 19, 2024**

**RECEIVED**  
JUN 20 2024  
BY: \_\_\_\_\_



### Application for a License or Certification to Operate a Child Day Care Facility

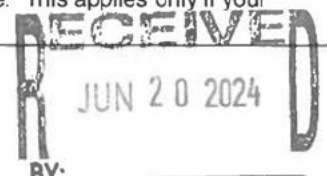
Use this form to apply for a license or certification to operate a child care center, school-age program, before or after-school program, or child care home.

**Directions:** After completing this form, mail it and any other materials requested to your nearest Licensing office. For information on local Licensing offices, see: <https://hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>.

Part I – About Your Operation				
Name of Operation Ad Astra School	Area Code and Phone No. (714) 317-6060	Email Address hello@adastra-school.org		
Address 830 FM 969	City Bastrop	County Bastrop	State TX	ZIP Code 78602
Mailing Address (if different) P.O. Box 341886	City Austin	County Travis	State TX	ZIP Code 78734
Hours of Operation ..... 8:00am - 6:00pm				
Days of the Week in Operation Monday - Friday				
Months of the Year in Operation January - December				

Part II – Governing Body Information	
Type of Governing Body:	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Association
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> State Operated
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Nonprofit Corporation with Religious Affiliation	<input type="checkbox"/> Nonprofit Association with Religious Affiliation
<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Association
<input type="checkbox"/> Political Subdivision	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Limited Liability Company	
Secretary of State Filing No. (if applicable) 805214457	

Part III – Applicant Information					
<b>Section 1</b>					
Complete this section if your type of governing body is a sole proprietorship or partnership. This includes a general, limited partnership, or limited liability partnership. <b>If you have more than two partners</b> , attach the information requested here for each.					
Name of Entity (Required for a limited partnership or limited liability partnership.)					
Name of Sole Proprietor or Partner				Area Code and Phone No.	
Street Address or P.O. Box	Apartment No.	City	County	State	ZIP Code
Name of Second Partner				Area Code and Phone No.	
Street Address or P.O. Box	Apartment No.	City	County	State	ZIP Code
<input type="checkbox"/> Check here if you are (or a partner is) a military member, military spouse, military veteran or veteran spouse. This applies only if your governing body is a sole proprietorship or partnership.					



**Section 2**  
Complete this section if your type of governing body is an association, corporation, nonprofit association, nonprofit corporation, political subdivision, nonprofit corporation with religious affiliation, nonprofit association with religious affiliation, limited liability company, or state operated.

Name of Organization or Governing Body Ad Astra School, LLC		Area Code and Phone No. (661) 904-8392			
Street Address or P.O. Box P.O. Box 341886	Apartment No.	City Austin	County Travis	State TX	ZIP Code 78734

**Part IV – Child Population**

Age Range: 3	To: 6	Expected Number of Children: 16
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**Part V – Operation Type and Services**

Operation Type Select One Type of Operation	Number of Children Served For Licensed Child Care Centers only. Select one of the boxes
<input checked="" type="radio"/> Licensed Child Care Center	<input type="radio"/> Center with 12 or fewer children <input checked="" type="radio"/> Center with 13 or more children
<input type="radio"/> School-Age Program (SAP)	N/A
<input type="radio"/> Before or After-School Program (BAP)	N/A
<input type="radio"/> Licensed Child Care Home	N/A

**Part VI – Permit History**

Do you (the applicant) have either a permit to provide any other type of child care or child-placing services, or a pending application to provide such services?  Yes  No

If yes, specify the name of the operation and type of permit: \_\_\_\_\_

Is there a program exempt from Child Care Regulation operating at the same physical location that you noted in Part I of this application?  Yes  No

If yes, explain: \_\_\_\_\_

Have you (the applicant) ever been denied a permit to provide child care or child-placing services?  Yes  No

If yes, provide the date of denial: \_\_\_\_\_ Type of operation denied: \_\_\_\_\_

What was the reason for the revocation? \_\_\_\_\_

Operation's address (Street, City, State and ZIP Code)	County
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What was the reason for the denial? \_\_\_\_\_

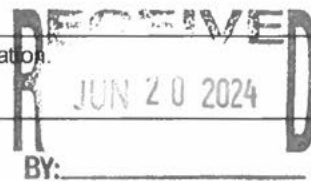
Have you (the applicant) ever had a permit for child care or child-placing services revoked?  Yes  No

If yes, provide the date of revocation: \_\_\_\_\_ Type of operation revoked: \_\_\_\_\_

Operation's address (Street, City, State and ZIP Code)	County
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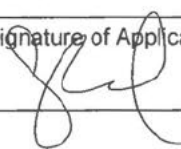
If the revocation occurred in another state, list the name and address of the regulatory body that issued the revocation: \_\_\_\_\_

What is the reason for the revocation? \_\_\_\_\_



<b>Part VI – Permit History</b>	
Have you (the applicant) ever been prohibited or barred from operating any other type of child care operation? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>	
If yes, provide the date of the prohibition or bar: _____ Type of operation barred: _____	
Operation's address (Street, City, State and ZIP Code)	County
If the bar occurred in another state, list the name and address of the regulatory body that issued the bar:	
What was the reason for the prohibition or bar?	
Have you (the applicant) ever been a controlling person at an operation? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>	
If yes, provide the dates: _____ Was the operation's permit revoked? <input type="radio"/> Yes <input type="radio"/> No	
If so, provide the date of revocation: _____	
Name of the Operation:	
Operation's address (Street, City, State and ZIP Code)	County

<b>Part VII – Additional Information for Publication on the Child Care Regulation (CCR) Website</b>		
Web Address <a href="http://www.adastra-school.org">http://www.adastra-school.org</a>	Email Address hello@adastra-school.org	
Services Provided (check all that apply)		
<input type="checkbox"/> School-Age Care	<input type="checkbox"/> Field Trips	<input type="checkbox"/> Accredited by National Organization
<input type="checkbox"/> After School Services	<input type="checkbox"/> Skills Classes	<input type="checkbox"/> Get Well Care (for ill or recovering children)
<input type="checkbox"/> Before School Services	<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Snacks Provided
<input type="checkbox"/> Night Care	<input type="checkbox"/> Child and Adult Care Food Program	<input type="checkbox"/> Pool on Premises
<input type="checkbox"/> Transportation	<input type="checkbox"/> Water Activities	<input type="checkbox"/> Drop-In Care (alternative care)
<input type="checkbox"/> Part-Time Care (will enroll children for only part of the day or week)		
Primary Language Spoken: English		

<b>Part VIII – Certification and Signature</b>	
I certify that the information provided here contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I understand that any willful misrepresentation is cause for immediate denial of the application or later denial or revocation of the license. The documentation to complete this application is attached (see the checklist provided below). I understand that this application will be returned if the attached documentation is incomplete or does not conform to applicable laws. If a license is granted, there will be no racial discrimination in the admission or care of children.	
Signature of Applicant, Designee or Head of the Governing Body 	Date Signed June 18, 2024

**Part VIII – Certification and Signature**

- Form 2948, Plan of Operation
- Certificate of Good Standing or Formation (if applicable)
- Form 2982, Personal History Statement (as needed)
- Floor Plan (including dimensions of the indoor and outdoor area)
- Form 2760, Controlling Person - Child Care Regulation
- Form 2911, Governing Body/Director Designation
- Proof of liability insurance or documentation that you are unable to obtain liability insurance and a copy of the notice to parents that informs them that you do not have liability insurance.

**Driving directions to the operation:** Please provide clear and concise directions for driving to your operation from the nearest Licensing office.

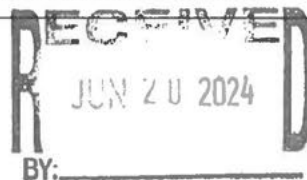
Origin: 14000 Summit Drive, Austin:

- \*Drive 25 feet, then turn right onto Thomas Sinclair Boulevard
- \*Drive 500 feet, then turn left onto West Howard Lane
- \*Drive 0.7 miles, then turn left onto West Howard Lane
- \*Drive 7.4 miles, then turn right to merge onto SH-130 Toll South
- \*Drive 0.2 miles, then keep left to merge onto SH-130 Toll South
- \*Drive 7.4 miles, then keep left onto SH-130 Toll South
- \*Drive 1.2 miles, then take exit 444 toward FM-969
- \*Drive 0.4 miles, then turn left onto FM-969
- \*Drive 7.7 miles, then keep left onto FM-969
- \*Drive 9.9 miles, then keep left onto FM-969
- \*Drive 0.9 miles, then turn right
- \*Drive 0.1 miles, then turn right on Earhardt Road
- \*Drive approximately 250 feet, the destination is on your right

Destination: 830 FM-969, Bastrop

**Privacy Statement**

HHSC values your privacy. For more information, read the privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>





Child Care Regulation  
**Governing Body/Director Designation**

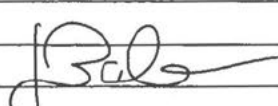
Use this form to designate an official representative (designee) to speak and act on your organization's behalf. Also use this form to designate a director.

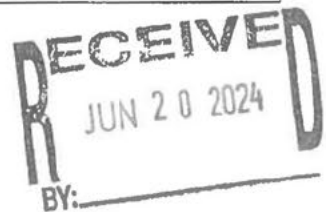
**Directions:** To complete this form, fill out Section A to name a designee, Section B to designate a director or interim director, or both Section A and B, if necessary. The Certification and Signature section must be completed to verify information in Section A, Section B, or both. For more information, contact your Child Care Regulation (CCR) representative.

The Governing Body or Organization's Street Address listed on this form appears on some letters and forms that CCR requires you to post at your operation. An applicant or current or former permit holder's home address is considered confidential. When completing this form, you must ensure that the address you provide in the Governing Body or Organization Street Address field is not the applicant or current or former permit holder's home address.

Section A – Official Representative (Designee)			
Operation Name: Ad Astra School	Operation No.:	Area Code and Phone No.: (714) 317-6060	
Governing Body or Organization Name: Ad Astra School, LLC			Area Code and Phone No.: (661) 904-8392
Name of Chief Executive Officer (CEO) or Head of Governing Body: Jared Birchall			Area Code and Phone No.: (661) 904-8392
Send routine correspondence to the CEO or Head of Governing Body? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Name of Designee of Governing Body: Jehn Balajadia			Area Code and Phone No.: (661) 904-8392
Operation Street Address: 830 FM 969	City: Bastrop	County: Bastrop	ZIP Code: 78602
<b>Note: The addresses below must not be the applicant or current or former permit holder's home address.</b>			
Governing Body or Organization's Street Address: P.O. Box 341886	City: Austin	County: Travis	ZIP Code: 78734
CEO or Head of Governing Body's Street Address: P.O. Box 341886	City: Austin	County: Travis	ZIP Code: 78734
Designee Street Address: P.O. Box 341886	City: Austin	County: Travis	ZIP Code: 78734

Section B – Director or Interim Director
Name of Director or Interim Director: Joana Fowler

Certification and Signature	
By completing Section A of this form, I hereby designate the person noted as the official representative (designee) to speak for and act on our organization's behalf. I understand that all correspondence and copies of compliance documents will be sent to the designee. I understand that as the permit holder, the governing body is ultimately responsible for maintaining compliance with the child care regulation law and minimum standards. I understand that all waivers and variances must be requested and signed by me or by the designee. I understand that any time there is a change in the designee of an operation, the governing body is responsible for notifying CCR. I understand that CCR will notify the governing body and all controlling persons of compliance documents and remedial action against the operation. By completing Section B of this form, I hereby designate the person noted as the director or interim of my operation.	
Signature Of Owner, Head of the Governing Body, or Designee	Date Signed
	June 18, 2024





### Verification of Liability Insurance

Use this form to indicate whether your operation has liability insurance as required by Human Resources Code (HRC) §§42.049 or 42.0495.

**Exception:** You are not required to carry liability insurance if you are applying to operate, or have been issued a permit to operate, a relative-only listed family home, a small employer-based child care operation, a temporary-shelter day care program or a state-operated facility.

**Directions:**

**Applicant:** Complete this form in its entirety and send it to Child Care Regulation (CCR) at the same time you submit an application.

**Permit Holder:** Every year after your permit is issued, you must verify your liability insurance coverage with CCR by completing a verification through your online Child Care Licensing account or by completing and sending this form to CCR. The verification must be completed by the time frame outlined below:

- Licensed operations: The anniversary date of when CCR issued your initial license;
- Registered operations: The anniversary date of when CCR issued your registration; or
- Listed operations: The anniversary date of when CCR issued your listing.

**General Information**

Operation Name: Ad Astra School	Operation Number:
Operation Address: 830 FM 969, Bastrop, TX 78602	
Does your operation have liability insurance: <ul style="list-style-type: none"> <li>• in the amount of \$300,000 for each occurrence of negligence; and</li> <li>• that covers injury to a child that occurs while the child is in your care, regardless of whether the injury occurs on or off the premises of your operation?</li> </ul> <input type="radio"/> Yes (if yes, attach a copy of the certificate of insurance) If yes, start date _____ and expiration date: _____ <input checked="" type="radio"/> <b>No. This operation does not have liability of insurance as required by HRC §§42.049 or 42.0495 for the following reason:</b> <input type="radio"/> Financial reasons; provide explanation: _____ <input checked="" type="radio"/> Coverage not available from an underwriter; provide explanation: Regular, on-going operations have not yet begun; currently in process of securing policy. <input type="radio"/> The limitations of the current policy have been exhausted. Date the policy will be available: _____	

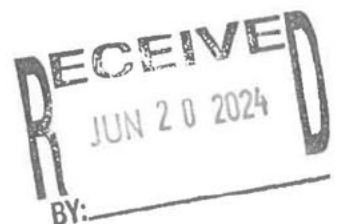
**Notification of Lack of Insurance (if applicable)**

I understand that Texas law requires my operation to provide written notification to the parent/guardian of each child in my operation's care if my operation does not maintain liability insurance coverage. (HRC §§42.049(c) or 42.0495(c)). Moreover, CCR may impose an administrative penalty if my operation does not notify parents/guardians within the time frame provided in minimum standards (HRC §42.078(e-1)(4)).

**Certification and Signature**

\_\_\_\_\_  
Signature of Permit Holder, Designee or Director

June 18, 2024  
Date Signed





### Controlling Person – Child Care Regulation

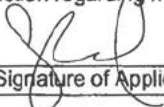
**Directions:** Complete the required information for each controlling person with your operation. This includes all people in the operation, as stated under Title 26 Texas Administrative Code Section 745.901 for the definition of controlling person.

#### Operation Information

Operation Name: Ad Astra School	Operation No.:	Area Code and Phone No.: (714) 317-6060
Address of Operation (Street, City, State and ZIP Code): 830 FM 969, Bastrop, TX 78602		County: Bastrop

#### Acknowledgment and Signature

The information on this form contains no willful misrepresentation. The information given is true and complete to the best of my knowledge. I understand that any willful misrepresentation or failure to provide identifying information within the required time frames is a cause for remedial action regarding my application or permit.

 \_\_\_\_\_ Date 6/18/2024

Signature of Applicant, Permit Holder, Designee, or Head of the Governing Body

#### Controlling Person Information

First Name: Gregory	Middle Name: Jan	Last Name: Marick	Suffix:
Other names used (married, maiden, etc.)			
First Name:	Middle Name:	Last Name:	Suffix:
Date of Birth: [REDACTED]	Driver License No.: [REDACTED]	Driver License State: [REDACTED]	Social Security No.: [REDACTED]
Controlling Person's Address (Street, City, State and ZIP Code): [REDACTED]			Area Code and Phone No.: [REDACTED]
Title, Position or Relationship:			
<input type="checkbox"/> Licensed Administrator	<input type="checkbox"/> Governing Body Member	<input type="checkbox"/> Primary Caregiver in Child Care Home	
<input type="checkbox"/> Director (or Interim Director)	<input checked="" type="checkbox"/> Chief Executive Officer	<input type="checkbox"/> Spouse of Primary Caregiver	
<input type="checkbox"/> Board Member	<input type="checkbox"/> Owner	<input type="checkbox"/> Adult Living in Child Care Home	
<input type="checkbox"/> Other: _____			
Effective Date of Title, Position or Relationship: June 1, 2024			

#### Child-Placing Agencies Only:

If person is associated with a child-placing agency, indicate if the person is associated with the main or branch office:  Main  Branch

If branch, what number: \_\_\_\_\_

#### Applicants for a License for a General Residential Operation or Child-Placing Agency Only Following a Change in Ownership:

Was the person a controlling person at the previous operation? .....  Yes  No

Is the person related to a controlling person of the previous operation by a third degree of consanguinity or second degree of affinity as defined in TAC Section 745.21? .....  Yes  No

If yes, provide the name of each related controlling person(s) and the relationship as defined in Section 745.21:







### Controlling Person – Child Care Regulation

**Directions:** Complete the required information for each controlling person with your operation. This includes all people in the operation, as stated under Title 26 Texas Administrative Code Section 745.901 for the definition of controlling person.

#### Operation Information

Operation Name: Ad Astra School	Operation No.:	Area Code and Phone No.: (714) 317-6060
Address of Operation (Street, City, State and ZIP Code): 830 FM 969, Bastrop, TX 78602		County: Bastrop

#### Acknowledgment and Signature

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6/18/2024

Signature of Applicant, Permit Holder, Designee, or Head of the Governing Body \_\_\_\_\_ Date \_\_\_\_\_

#### Controlling Person Information

First Name: Regula	Middle Name: Judith	Last Name: Fowler-Fraefel	Suffix:
Other names used (married, maiden, etc.)			
First Name: Regula Regula	Middle Name: Judith Judith	Last Name: Fowler Fraefel	Suffix:
Date of Birth: [REDACTED]	Driver License No.: N/A	Driver License State: N/A	Social Security No.: [REDACTED]
Controlling Person's Address (Street, City, State and ZIP Code): [REDACTED]			Area Code and Phone No.: [REDACTED]
Title, Position or Relationship:			
<input type="checkbox"/> Licensed Administrator	<input type="checkbox"/> Governing Body Member	<input type="checkbox"/> Primary Caregiver in Child Care Home	
<input checked="" type="checkbox"/> Director (or Interim Director)	<input type="checkbox"/> Chief Executive Officer	<input type="checkbox"/> Spouse of Primary Caregiver	
<input type="checkbox"/> Board Member	<input type="checkbox"/> Owner	<input type="checkbox"/> Adult Living in Child Care Home	
<input type="checkbox"/> Other: _____			
Effective Date of Title, Position or Relationship: June 1, 2024			

#### Child-Placing Agencies Only:

If person is associated with a child-placing agency, indicate if the person is associated with the main or branch office:  Main  Branch

If branch, what number: \_\_\_\_\_

#### Applicants for a License for a General Residential Operation or Child-Placing Agency Only Following a Change in Ownership:

Was the person a controlling person at the previous operation? .....  Yes  No

Is the person related to a controlling person of the previous operation by a third degree of consanguinity or second degree of affinity as defined in TAC Section 745.21? .....  Yes  No

If yes, provide the name of each related controlling person(s) and the relationship as defined in Section 745.21:

**RECEIVED**  
JUN 20 2024  
BY: \_\_\_\_\_



### Controlling Person – Child Care Regulation


**Directions:** Complete the required information for each controlling person with your operation. This includes all people in the operation, as stated under Title 26 Texas Administrative Code Section 745.901 for the definition of controlling person.

#### Operation Information

Operation Name: Ad Astra School	Operation No.:	Area Code and Phone No.: (714) 317-6060
Address of Operation (Street, City, State and ZIP Code): 830 FM 969, Bastrop, TX 78602		County: Bastrop

#### Acknowledgment and Signature

The information on this form contains no willful misrepresentation. The information given is true and complete to the best of my knowledge. I understand that any willful misrepresentation or failure to provide identifying information within the required time frames is a cause for remedial action regarding my application or permit.



Signature of Applicant, Permit Holder, Designee, or Head of the Governing Body \_\_\_\_\_ Date 06.19.2024

#### Controlling Person Information

First Name: Jin	Middle Name:	Last Name: Lu	Suffix:
Other names used (married, maiden, etc.)			
First Name:	Middle Name:	Last Name:	Suffix:
Date of Birth: [REDACTED]	Driver License No.: [REDACTED]	Driver License State: [REDACTED]	Social Security No.: [REDACTED]
Controlling Person's Address (Street, City, State and ZIP Code): [REDACTED]			Area Code and Phone No.: [REDACTED]
Title, Position or Relationship:			
<input type="checkbox"/> Licensed Administrator	<input type="checkbox"/> Governing Body Member	<input type="checkbox"/> Primary Caregiver in Child Care Home	
<input checked="" type="checkbox"/> Director (or Interim Director)	<input type="checkbox"/> Chief Executive Officer	<input type="checkbox"/> Spouse of Primary Caregiver	
<input type="checkbox"/> Board Member	<input type="checkbox"/> Owner	<input type="checkbox"/> Adult Living in Child Care Home	
<input type="checkbox"/> Other: _____			
Effective Date of Title, Position or Relationship: June 1, 2024			

#### Child-Placing Agencies Only:

If person is associated with a child-placing agency, indicate if the person is associated with the main or branch office:  Main  Branch

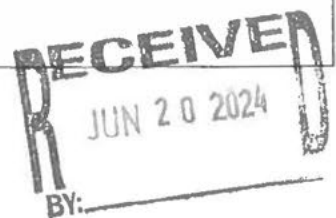
If branch, what number: \_\_\_\_\_

#### Applicants for a License for a General Residential Operation or Child-Placing Agency Only Following a Change in Ownership:

Was the person a controlling person at the previous operation? .....  Yes  No

Is the person related to a controlling person of the previous operation by a third degree of consanguinity or second degree of affinity as defined in TAC Section 745.21? .....  Yes  No

If yes, provide the name of each related controlling person(s) and the relationship as defined in Section 745.21:





### Controlling Person – Child Care Regulation

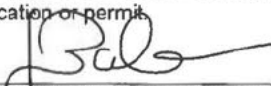
**Directions:** Complete the required information for each controlling person with your operation. This includes all people in the operation, as stated under Title 26 Texas Administrative Code Section 745.901 for the definition of controlling person.

#### Operation Information

Operation Name: Ad Astra School, LLC	Operation No.:	Area Code and Phone No.: (661) 904-8392
Address of Operation (Street, City, State and ZIP Code): 830 FM 969 Bastrop, TX 78602		County: Bastrop

#### Acknowledgment and Signature

The information on this form contains no willful misrepresentation. The information given is true and complete to the best of my knowledge. I understand that any willful misrepresentation or failure to provide identifying information within the required time frames is a cause for remedial action regarding my application or permit.

 \_\_\_\_\_ June 17, 2024  
 Signature of Applicant, Permit Holder, Designee, or Head of the Governing Body Date

#### Controlling Person Information

First Name: Jennifer	Middle Name: Michelle	Last Name: Balajadia	Suffix:
Other names used (married, maiden, etc.)			
First Name: Jennifer	Middle Name: Michelle	Last Name: Balajadia	Suffix:
Date of Birth: [REDACTED]	Driver License No.: [REDACTED]	Driver License State: [REDACTED]	Social Security No.: [REDACTED]
Controlling Person's Address (Street, City, State and ZIP Code): P.O. Box 341886 Austin, TX 78734			Area Code and Phone No.: [REDACTED]
Title, Position or Relationship: <input type="checkbox"/> Licensed Administrator <input checked="" type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Director (or Interim Director) <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____			
Effective Date of Title, Position or Relationship: June 1, 2024			

#### Child-Placing Agencies Only:

If person is associated with a child-placing agency, indicate if the person is associated with the main or branch office:  Main  Branch  
 If branch, what number: \_\_\_\_\_

#### Applicants for a License for a General Residential Operation or Child-Placing Agency Only Following a Change in Ownership:

Was the person a controlling person at the previous operation? .....  Yes  No

Is the person related to a controlling person of the previous operation by a third degree of consanguinity or second degree of affinity as defined in TAC Section 745.21? .....  Yes  No

If yes, provide the name of each related controlling person(s) and the relationship as defined in Section 745.21:

**RECEIVED**  
 JUN 20 2024  
 BY: \_\_\_\_\_



### Personal History Statement

Use this Child Care Regulation (CCR) form to comply with application requirements for a license.

**Directions:** As part of an application for a day care license, each sole proprietor or partner, and all people designated as director or co-director, must complete this form. As part of an application for a residential care license, each sole proprietor or partner must complete this form, unless he or she is a licensed administrator. After completing this form, mail it and any other materials requested to your nearest Child Care Regulation office. For information on local CCR offices, visit [hhs.texas.gov/services/safety/child-care/contact-child-care-regulation](https://hhs.texas.gov/services/safety/child-care/contact-child-care-regulation).

#### Part I – Sole Proprietor, Partner, Director, Co-Director or Interim Director

Name (Last, First, Middle) Fowler, Regula, Judith		Date of Birth [REDACTED]	Area Code and Phone No. [REDACTED]	Title or Position at the Operation Director
<input type="checkbox"/> Check box if you do not have a Social Security Number or Texas Driver License No.				
Social Security No.: [REDACTED]		Texas Driver License No.: N/A		
Mailing Address or P.O. Box [REDACTED]	Apartment No.	City [REDACTED]	County [REDACTED]	State [REDACTED]
Name of Operation Ad Astra School				Operation's Capacity 16
Operation's Location Address 830 FM 969	City Bastrop	County Bastrop	ZIP Code 78602	Area Code and Phone No. (714) 317-6060

#### Part II – Education and Employment Experience

Did you graduate from high school or receive a GED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, what was the highest year completed? _____	
Have you attended college or a technical or vocational school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the name(s) of the college(s) or school(s):  Maria Montessori Institute		Location(s) of the college(s) or school(s):  London, England	
Dates Attended: From (month and year): 9/95 To (month and year): 6/97		Major Field(s) of Study: Montessori Training for 3 - 6 year olds	
Did you graduate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide the type of diploma, degree or certification received: AMI Montessori Primary	
Describe any other special training you have had which you feel is pertinent. Include continuing education units, dates, locations and the name of the organization or agency sponsoring the training: School Finance for Educators (3 units), Spring 2024, University of Phoenix Leadership Strategies for Educators (3 units), Spring 2024, University of Phoenix Both courses sponsored by Ad Astra School			
		Continuing Education credits through Idaho Stars, 2009 - 2023 All continuing ed sponsored by Lighthouse Montessori School	
List any professional licenses, certifications or credentials you hold:  Montessori Lower Elementary Diploma			

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**Part II – Education and Employment Experience (continued)**

Are you currently a designated director at any other operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list the operation name, operation no. and anticipated end date.
List all employment held within the past 10 years beginning with the current or last employer and include dates of employment:	
Position: <u>Montessori Guide</u> Employer: <u>Lighthouse Montessori School</u>	
From (month and year): <u>9/2013</u> To (month and year): <u>6/20-24</u>	
Part time or full time? <u>Full Time</u> Address of Employer: <u>765 Foothill Road, Idaho Falls, ID 83401</u>	
Position: _____ Employer: _____	
From (month and year): _____ To (month and year): _____	
Part time or full time? _____ Address of Employer: _____	

Describe the duties of each position listed above that were in the areas of child care services, child care personnel supervision, skill-based instruction, recreational or youth development program and program management or administration:

Teaching in both Primary and Elementary classrooms; training and supervising interns and assistants; hiring staff; managing community outreach and relations; conducting interviews with new parents and students; supporting overall school operations.

Describe any other experience you have had which you feel is pertinent. Include volunteer work in the description. Give dates and locations.

As a Montessori Guide at a brand-new international Montessori school in Jamaica from 2008 - 2012, I advised the owners on operations and set up systems and processes to support the school. I led community outreach and often spoke at other schools and organizations to educate parent and teachers on effectively interacting with children the Montessori way.

**Part III - Previous Permits**

Have you ever been registered, listed or licensed to care for children by CCR or any other agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, specify when you were registered, listed or licensed, under what address (include Street, City, County, State and ZIP Code), and under what name you were registered, listed or licensed:	
Are you currently a foster parent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever been denied a permit to care for children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide the date of denial:	Type of child care permit denied:
Operation's Address (Street, City, State and ZIP Code)	County
What was the reason for the denial?	
Have you ever had a child care permit revoked or have you ever been barred or prohibited from operating? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide date of the revocation or bar:	Type of child care permit that was revoked or type of bar:
Operation's Address (Street, City, State and ZIP Code)	County



**Part III - Previous Permits (continued)**

If the revocation or bar occurred in another state, list the name and address of the regulatory body that issued the revocation or bar:

---

What was the reason for the revocation or bar?

---

Has an operation that you owned or operated ever been placed on probation?  Yes  No

If yes, provide the date of the probation: \_\_\_\_\_ Type of operation placed on probation: \_\_\_\_\_

Operation's Address (Street, City, State and ZIP Code)	County
--	--------

What was the reason it was placed on probation?

---

**Part IV – People in the Home (for Child Care Home Operations Only)**

Complete only if child care will be provided in the home where the caregiver and family reside. The following people aged 14 years or older live in my home in addition to myself.

Name (Last, First, Middle)	Age	Date of Birth	Social Security No.*	Texas Driver License No.*	Relationship

\* Indicate if the person does not have a Social Security Number      \* Indicate if the person does not have a Texas Driver License

**Part V – Child Abuse and Neglect**

Have you or has anyone listed in Part I or Part IV been investigated by any of the following agencies for abusing or neglecting a child?

---

Child Protective Services of the Texas Department of Family and Protective Services:  Yes  No

County child welfare agency:  Yes  No

Law enforcement agency (police, sheriff, etc.):  Yes  No

Child welfare agency in another state:  Yes  No

Other:  Yes  No    If yes, specify: \_\_\_\_\_

If yes to any of the above, answer the following:

Child's name: \_\_\_\_\_

How was the child related? \_\_\_\_\_

When did this occur? \_\_\_\_\_

Where did this occur? \_\_\_\_\_

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**Part VI – Criminal Charges and Convictions**

Have you or has anyone listed in Part I or Part IV been convicted of a felony or misdemeanor?  Yes  No

If yes, answer the following:

Name(s) of person(s): \_\_\_\_\_

Date(s) of conviction(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

Details including the type(s) of conviction(s) and disposition(s): \_\_\_\_\_

Do you or does anyone listed in Part III have felony or misdemeanor charges pending with the country or district attorney or is anyone now complying with the terms of a deferred adjudication?  Yes  No

If yes, answer the following:

Name(s) of person(s): \_\_\_\_\_

Type(s) of charge(s): \_\_\_\_\_

Location(s) where charge(s) are pending or where terms of deferred adjudication originated: \_\_\_\_\_

Details (including court number): \_\_\_\_\_

**Part VII – Physical and Emotional Status**

Are you physically and emotionally fit to act as the director or administrator of a child care operation?  Yes  No

If no, explain: \_\_\_\_\_

If child care will be provided in the home where the caregiver and family reside, is any person living in your home physically or emotionally impaired?  Yes  No

If yes, explain: \_\_\_\_\_

**Part VIII – For Director or Interim Director of Licensed Centers Only**

Attach all additional documentation relevant to your education, training and job experience to this form (for example, an original child care director's certificate, college transcripts, original training course certificates or CDA Credential). All original documentation will be returned to you after qualifications are evaluated.

**Part IX – Signature**

I certify that the information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I hereby authorize CCL to contact the persons listed on this form. I understand that CCL may contact others and, at any time, seek verification of all information on this form. I understand that any willful misrepresentation is cause for immediate denial or the application or later revocation of the permit

Signature: D. Fowler - Frazer Date Signed: 6/17/24

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JUN 20 2024  
BY: \_\_\_\_\_



### Personal History Statement

Use this Child Care Regulation (CCR) form to comply with application requirements for a license.

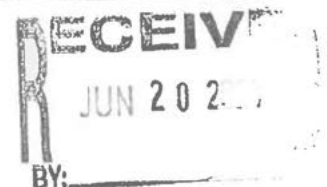
**Directions:** As part of an application for a day care license, each sole proprietor or partner, and all people designated as director or co-director, must complete this form. As part of an application for a residential care license, each sole proprietor or partner must complete this form, unless he or she is a licensed administrator. After completing this form, mail it and any other materials requested to your nearest Child Care Regulation office. For information on local CCR offices, visit [hhs.texas.gov/services/safety/child-care/contact-child-care-regulation](https://hhs.texas.gov/services/safety/child-care/contact-child-care-regulation).

#### Part I – Sole Proprietor, Partner, Director, Co-Director or Interim Director

Name (Last, First, Middle) Jin Lu		Date of Birth [REDACTED]	Area Code and Phone No. [REDACTED]		Title or Position at the Operation Elementary Program Director
<input type="checkbox"/> Check box if you do not have a Social Security Number or Texas Driver License No.					
Social Security No.: [REDACTED]			Texas Driver License No.: [REDACTED]		
Mailing Address or P.O. Box [REDACTED]	Apartment No.	City	County	State	ZIP Code
Name of Operation Ad Astra School				Operation's Capacity 16	
Operation's Location Address 830 FM 969	City Bastrop	County Bastrop	ZIP Code 78602	Area Code and Phone No. (714) 317-6060	

#### Part II – Education and Employment Experience

Did you graduate from high school or receive a GED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, what was the highest year completed? _____	
Have you attended college or a technical or vocational school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the name(s) of the college(s) or school(s): University of Leeds Communication University of China	Location(s) of the college(s) or school(s): Leeds, UK Beijing, China
Dates Attended: From (month and year): <u>August 2010</u> To (month and year): <u>June 2011</u> From (month and year): <u>September 2002</u> To (month and year): <u>June 2010</u>	Major Field(s) of Study: International Communication Television Art and Technique
Did you graduate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the type of diploma, degree or certification received: Master of Art
Describe any other special training you have had which you feel is pertinent. Include continuing education units, dates, locations and the name of the organization or agency sponsoring the training: AMI Montessori 0-3 Diploma from Southwest Institute of Montessori Study from August 2019 - June 2020 AMI Montessori 6-12 Diploma from Montessori Institute of Atlanta from August 2017 - June 2018 Montessori 3-6 Teacher Training from Montessori Teacher Preparation of Atlanta from June 2012 - August 2012	
List any professional licenses, certifications or credentials you hold:	





**Part II – Education and Employment Experience (continued)**

Are you currently a designated director at any other operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list the operation name, operation no. and anticipated end date.
List all employment held within the past 10 years beginning with the current or last employer and include dates of employment: Position: <u>Montessori Mentor</u> Employer: <u>Higher Ground Education</u> From (month and year): <u>June 2021</u> To (month and year): <u>September 2023</u> Part time or full time? <u>Full time</u> Address of Employer: <u>10 Orchard Rd, Lake Forest, CA 92630</u>	
Position: <u>Virtual Montessori Elementary Guide</u> Employer: <u>Arbor Montessori School</u> From (month and year): <u>July 2020</u> To (month and year): <u>May 2021</u> Part time or full time? <u>Full time</u> Address of Employer: <u>2998 Lavista Rd, Decatur, GA 30033</u>	
Montessori Children's House of <u>North Forsyth</u> From <u>August 2012 to May 2017</u> <u>Full time</u> <u>7395 Browns Bridge Rd, Gainesville, Georgia 30506</u>	
Describe the duties of each position listed above that were in the areas of child care services, child care personnel supervision, skill-based instruction, recreational or youth development program and program management or administration: At Higher Ground Education, my primary focus is guiding and shaping aspiring Montessori trainees into confident educators to support our school network throughout the North America, Europe and Eastern Asia.	
Describe any other experience you have had which you feel is pertinent. Include volunteer work in the description. Give dates and locations. Amidst the challenges posed by the COVID quarantine, I harnessed my video and audio production skills to craft a diverse array of immersive teaching materials tailored for remote students. Aligned with the tenets of Montessori philosophy, these resources artfully combined hands-on activities with captivating video storytelling, creating an enriching and engaging remote learning experience.	

**Part III - Previous Permits**

Have you ever been registered, listed or licensed to care for children by CCR or any other agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, specify when you were registered, listed or licensed, under what address (include Street, City, County, State and ZIP Code), and under what name you were registered, listed or licensed:	
Are you currently a foster parent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever been denied a permit to care for children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide the date of denial:	Type of child care permit denied:
Operation's Address (Street, City, State and ZIP Code)	County
What was the reason for the denial?	
Have you ever had a child care permit revoked or have you ever been barred or prohibited from operating? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide date of the revocation or bar:	Type of child care permit that was revoked or type of bar:
Operation's Address (Street, City, State and ZIP Code)	County

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BY: \_\_\_\_\_

**Part III - Previous Permits (continued)**

If the revocation or bar occurred in another state, list the name and address of the regulatory body that issued the revocation or bar:

What was the reason for the revocation or bar?

Has an operation that you owned or operated ever been placed on probation?  Yes  No

If yes, provide the date of the probation: \_\_\_\_\_ Type of operation placed on probation: \_\_\_\_\_

Operation's Address (Street, City, State and ZIP Code) \_\_\_\_\_ County \_\_\_\_\_

What was the reason it was placed on probation?

**Part IV – People in the Home (for Child Care Home Operations Only)**

Complete only if child care will be provided in the home where the caregiver and family reside. The following people aged 14 years or older live in my home in addition to myself.

Name (Last, First, Middle)	Age	Date of Birth	Social Security No.*	Texas Driver License No.*	Relationship
			* Indicate if the person does not have a Social Security Number	* Indicate if the person does not have a Texas Driver License	

**Part V – Child Abuse and Neglect**

Have you or has anyone listed in Part I or Part IV been investigated by any of the following agencies for abusing or neglecting a child?

Child Protective Services of the Texas Department of Family and Protective Services:  Yes  No

County child welfare agency:  Yes  No

Law enforcement agency (police, sheriff, etc.):  Yes  No

Child welfare agency in another state:  Yes  No

Other:  Yes  No If yes, specify: \_\_\_\_\_

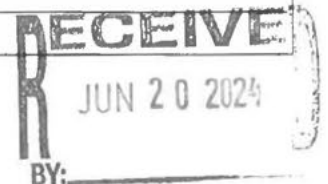
If yes to any of the above, answer the following:

Child's name: \_\_\_\_\_

How was the child related? \_\_\_\_\_

When did this occur? \_\_\_\_\_

Where did this occur? \_\_\_\_\_



**Part VI – Criminal Charges and Convictions**

Have you or has anyone listed in Part I or Part IV been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, answer the following:
Name(s) of person(s): _____
Date(s) of conviction(s): _____
Location(s): _____
Details including the type(s) of conviction(s) and disposition(s): _____
Do you or does anyone listed in Part III have felony or misdemeanor charges pending with the country or district attorney or is anyone now complying with the terms of a deferred adjudication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, answer the following:
Name(s) of person(s): _____
Type(s) of charge(s): _____
Location(s) where charge(s) are pending or where terms of deferred adjudication originated: _____
Details (including court number): _____


**Part VII – Physical and Emotional Status**

Are you physically and emotionally fit to act as the director or administrator of a child care operation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain: _____
If child care will be provided in the home where the caregiver and family reside, is any person living in your home physically or emotionally impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____

**Part VIII – For Director or Interim Director of Licensed Centers Only**

Attach all additional documentation relevant to your education, training and job experience to this form (for example, an original child care director's certificate, college transcripts, original training course certificates or CDA Credential). All original documentation will be returned to you after qualifications are evaluated.

**Part IX – Signature**

I certify that the information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I hereby authorize CCL to contact the persons listed on this form. I understand that CCL may contact others and, at any time, seek verification of all information on this form. I understand that any willful misrepresentation is cause for immediate denial or the application or later revocation of the permit.	
Signature: 	Date Signed: 06.19.2024

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JUN 20 2024  
BY: \_\_\_\_\_



### Personal History Statement

Use this Child Care Regulation (CCR) form to comply with application requirements for a license.

**Directions:** As part of an application for a day care license, each sole proprietor or partner, and all people designated as director or co-director, must complete this form. As part of an application for a residential care license, each sole proprietor or partner must complete this form, unless he or she is a licensed administrator. After completing this form, mail it and any other materials requested to your nearest Child Care Regulation office. For information on local CCR offices, visit [hhs.texas.gov/services/safety/child-care/contact-child-care-regulation](https://hhs.texas.gov/services/safety/child-care/contact-child-care-regulation).

#### Part I – Sole Proprietor, Partner, Director, Co-Director or Interim Director

Name (Last, First, Middle) Marick, Gregory, Jan		Date of Birth [REDACTED]	Area Code and Phone No. [REDACTED]	Title or Position at the Operation Administrator	
<input type="checkbox"/> Check box if you do not have a Social Security Number or Texas Driver License No.					
Social Security No.: [REDACTED]		Texas Driver License No.: N/A			
Mailing Address or P.O. Box P.O. Box 363	Apartment No.	City Brea	County Orange	State CA	ZIP Code 92822
Name of Operation Ad Astra School				Operation's Capacity 16	
Operation's Location Address 830 FM 969	City Bastrop	County Bastrop	ZIP Code 78602	Area Code and Phone No. (714) 317-6060	

#### Part II – Education and Employment Experience

Did you graduate from high school or receive a GED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, what was the highest year completed? _____	
Have you attended college or a technical or vocational school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the name(s) of the college(s) or school(s):  Loyola Marymount University University of Southern California		Location(s) of the college(s) or school(s):  Los Angeles, CA Los Angeles, CA	
Dates Attended: From (month and year): 8/87 To (month and year): 8/91		Major Field(s) of Study: Business Administration Business Administration	
From (month and year): 8/94 To (month and year): 5/98			
Did you graduate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide the type of diploma, degree or certification received: LMU: BBA USC: MBA	
Describe any other special training you have had which you feel is pertinent. Include continuing education units, dates, locations and the name of the organization or agency sponsoring the training:  N/A			
List any professional licenses, certifications or credentials you hold:  N/A			

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**Part II – Education and Employment Experience (continued)**

Are you currently a designated director at any other operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list the operation name, operation no. and anticipated end date.
List all employment held within the past 10 years beginning with the current or last employer and include dates of employment:	
Position: <u>CEO</u> Employer: <u>Xplor Education</u>	
From (month and year): <u>1/2018</u> To (month and year): <u>present</u>	
Part time or full time? <u>Full Time</u> Address of Employer: <u>700 East Birch Street, Suite 363, Brea, CA 92822</u>	
Position: <u>Vice President, Operations</u> Employer: <u>Le Port Schools</u>	
From (month and year): <u>2/2014</u> To (month and year): <u>4/2018</u>	
Part time or full time? <u>Full Time</u> Address of Employer: <u>1 Technology Drive, Building H, Irvine, CA 92618</u>	

Describe the duties of each position listed above that were in the areas of child care services, child care personnel supervision, skill-based instruction, recreational or youth development program and program management or administration: Xplor: I oversee all operations for an organization that partners with clients to develop and manage preschools in three states (California, Hawaii, Texas). All Heads of Schools report to me. I regularly conduct quality visits to ensure everything is to standard. LePort: I was the senior leader responsible for operations of all schools and the development of new ones. All Heads of Schools reported to me. I regularly conducted quality visits to ensure everything is to standard.
Describe any other experience you have had which you feel is pertinent. Include volunteer work in the description. Give dates and locations.  N/A

**Part III - Previous Permits**

Have you ever been registered, listed or licensed to care for children by CCR or any other agency? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify when you were registered, listed or licensed, under what address (include Street, City, County, State and ZIP Code), and under what name you were registered, listed or licensed: Discovery, 12520 Chadron Avenue, Hawthorne, CA 90250 (since 9/2018) Hala Kahiki Montessori School of Lanai, 254 Houston Street, Lanai City, HI 96763 (since 9/2022)	
Are you currently a foster parent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever been denied a permit to care for children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide the date of denial:	Type of child care permit denied:
Operation's Address (Street, City, State and ZIP Code)	County
What was the reason for the denial?	
Have you ever had a child care permit revoked or have you ever been barred or prohibited from operating? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide date of the revocation or bar:	Type of child care permit that was revoked or type of bar:
Operation's Address (Street, City, State and ZIP Code)	County

RECEIVE

JUN 20 2023

BY: \_\_\_\_\_

**Part III - Previous Permits (continued)**

If the revocation or bar occurred in another state, list the name and address of the regulatory body that issued the revocation or bar:

---

What was the reason for the revocation or bar?

---

Has an operation that you owned or operated ever been placed on probation?  Yes  No

If yes, provide the date of the probation: \_\_\_\_\_ Type of operation placed on probation: \_\_\_\_\_

Operation's Address (Street, City, State and ZIP Code) \_\_\_\_\_ County \_\_\_\_\_

What was the reason it was placed on probation?

---

**Part IV - People in the Home (for Child Care Home Operations Only)**

Complete only if child care will be provided in the home where the caregiver and family reside. The following people aged 14 years or older live in my home in addition to myself.

Name (Last, First, Middle)	Age	Date of Birth	Social Security No.*	Texas Driver License No.*	Relationship
			* Indicate if the person does not have a Social Security Number	* Indicate if the person does not have a Texas Driver License	

**Part V - Child Abuse and Neglect**

Have you or has anyone listed in Part I or Part IV been investigated by any of the following agencies for abusing or neglecting a child?

---

Child Protective Services of the Texas Department of Family and Protective Services:  Yes  No

County child welfare agency:  Yes  No

Law enforcement agency (police, sheriff, etc.):  Yes  No

Child welfare agency in another state:  Yes  No

Other:  Yes  No If yes, specify: \_\_\_\_\_

If yes to any of the above, answer the following:

Child's name: \_\_\_\_\_

How was the child related? \_\_\_\_\_

When did this occur? \_\_\_\_\_

Where did this occur? \_\_\_\_\_

**Part VI – Criminal Charges and Convictions**

Have you or has anyone listed in Part I or Part IV been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, answer the following:
Name(s) of person(s): _____
Date(s) of conviction(s): _____
Location(s): _____
Details including the type(s) of conviction(s) and disposition(s): _____
Do you or does anyone listed in Part III have felony or misdemeanor charges pending with the country or district attorney or is anyone now complying with the terms of a deferred adjudication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, answer the following:
Name(s) of person(s): _____
Type(s) of charge(s): _____
Location(s) where charge(s) are pending or where terms of deferred adjudication originated: _____
Details (including court number): _____

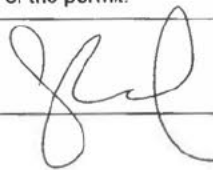
**Part VII – Physical and Emotional Status**

Are you physically and emotionally fit to act as the director or administrator of a child care operation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain: _____
If child care will be provided in the home where the caregiver and family reside, is any person living in your home physically or emotionally impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____

**Part VIII – For Director or Interim Director of Licensed Centers Only**

Attach all additional documentation relevant to your education, training and job experience to this form (for example, an original child care director's certificate, college transcripts, original training course certificates or CDA Credential). All original documentation will be returned to you after qualifications are evaluated.

**Part IX – Signature**

I certify that the information contains no willful misrepresentation or falsification and that is it true and complete to the best of my knowledge and belief. I hereby authorize CCL to contact the persons listed on this form. I understand that CCL may contact others and, at any time, seek verification of all information on this form. I understand that any willful misrepresentation is cause for immediate denial or the application or later revocation of the permit.	
Signature: 	Date Signed: June 18, 2024

**RECEIVED**  
JUN 20 2024  
BY: \_\_\_\_\_



### Plan of Operation for Licensed Center and Home Operations

Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative.

Enter confirmation number if an application was submitted online. **e-Application Confirmation No.:**

**Directions:** The following information must be submitted with an application to operate a Licensed Child Care Home or Center. The information must reflect how the operation plans to maintain compliance with the minimum standard rules for the type of operation you are applying. The Child Care Licensing (CCL) representative will review the information with you at your inspection prior to issuance of the initial or full permit.

<b>Applicant Information</b>
Operation Name: Ad Astra School
Location Address: 830 FM 969, Bastrop, TX 78734

<b>I. Permit Holder Responsibilities</b>
1. Who will be the person(s) responsible for ensuring that the Minimum Standard Rules are in compliance at all times?
<input type="checkbox"/> Governing Body Designee: _____ <input checked="" type="checkbox"/> Center Director: Joana Fowler
<input type="checkbox"/> Child Care Home Primary Caregiver: _____
2. If the director or primary caregiver is not present at the center, who will be in charge? This person must be able to perform any duties normally performed by the director/primary caregiver.  Name of Additional Contact: James Lu
3. The records of children, employees, caregivers and household members require constant updating of the information. How do you plan to maintain these records in order for all of the information to be current?  Children, parents, and household members: All necessary data will be formally collected upon admission and at the beginning of each successive school year. Additionally, parents will be able to update certain information directly into the student information system.  Employees: All necessary data will be formally collected upon hire and whenever new information is made available or reported.
4. Parents must be kept informed of the policies of the operation, events that will take place, when their child has been hurt or ill, when there has been an outbreak of a communicable disease, and other issues that occur. What method(s) will you use to ensure that parents are informed?  Policies will be shared initially via email upon enrollment and at the beginning of each successive school year. Policy updates will be shared via email whenever policy updates are made. Event and snack calendars will be shared via email on a monthly basis. When a child has been hurt, a note describing what happened as well as the care provided will go home with the child the same day; however, if the child suffers a more serious injury or any injury involving the head or neck, staff will immediately contact the parents by phone to let them know. Instances of communicable illness will be shared via email to parents of all affected children.
5. Background checks must be submitted upon hire and every five years. How will you document sending this information to licensing and track when background checks are due?  This information is maintained on a background check tracking tool which includes the documentation required to be submitted to licensing as well as the date due.





**I. Permit Holder Responsibilities**

6. How will new employees be oriented in the following topics?

- Overview of minimum standard rules;
- Overview of the policies of the operation including discipline and guidance practices, and procedures for the release of children;
- Overview of your policy on the prevention, recognition, and reporting of child abuse and neglect, including:
  - o Factors indicating a child is at risk of abuse or neglect;
  - o Warning signs indicating a child may be a victim of abuse or neglect;
  - o Procedures for reporting child abuse or neglect; and
  - o Community organizations that have training programs available to child-care center staff members, children, and parents;
- Overview of the procedures to follow in handling emergencies, which includes sharing the emergency preparedness plan with all employees. Emergencies may include, but are not limited to, fire, explosion, tornado, toxic fumes, volatile persons, and severe injury or illness of a child or adult;
- Location and use of fire extinguishers and first-aid equipment;
- Administering medication, if applicable including compliance with 26 Texas Administrative Code (TAC) §746.3803;
- Preventing and responding to emergencies due to food or an allergic reaction;
- Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electric hazards, bodies of water, and vehicular traffic;
- Handling, storing, and disposing of hazardous materials including compliance with 26 TAC §746.3425; and
- Precautions in transporting children if your center transports a child whose chronological or developmental age is younger than nine years old.

All employees regardless of their work experience participate in a 10-hour orientation delivered over 5 days; 6 hours are delivered in-person by the employee's manager while 4 hours are delivered via independent study. The orientation curriculum is attached.

Please have a copy of the orientation curriculum available for the licensing representative to review.

7. Caregivers must receive training annually. How will you ensure that your caregivers receive the required hours of training?

This information is maintained on each staff member's performance planning and review tool where goals for required training hours and topics will be communicated at the beginning of the school year. At the end of the school year, staff members will be evaluated on whether or not they fulfilled their goals. In the event a staff member did not fulfill their required training hours by the deadline, they will have 90 days to complete the requirement or risk termination.

8. **Licensed centers only:** Do you have a preservice training curriculum or will you only hire caregivers who already meet the requirement of preservice training? If you have a curriculum, please have a copy available for your licensing representative to review at your inspection.

- Licensed center has a preservice training curriculum.
- Licensed center will only hire caregivers who already meet the requirement of preservice training.

**II. Operation/Physical Facilities**

1. Each child must have 30 square feet of indoor activity space. On your attached floor plan, indicate which age group and how many children will be in each room or area. (attach floor plan)
2. The operation must have a variety of equipment and materials and ensure that it is age appropriate. On an attachment, list the equipment and materials you will have for each age group you plan to serve. This should include both indoor and outdoor equipment and materials.
- |   |   |   |   |
|---|---|---|---|
| 3. How many toilets will your operation have? | 2 | 4. How many sinks will your operation have? | 2 |
|---|---|---|---|

## II. Operation/Physical Facilities

5. How will children be supervised when they are using the restroom?

An adult will accompany children when they are using the restroom. The restroom is surrounded by partial (pony) walls, affording children reasonable privacy while providing adults with full view of the classroom.

## III. Activities and Child Caregiver Ratio

1. What methods of discipline and guidance will you and your caregivers use when children misbehave?

We will practice positive discipline based on the work of Alfred Adler and Rudolf Dreikurs which is a method designed to teach young people to become responsible, respectful, and resourceful members of our community. The five criteria of this approach are 1) It is kind and firm at the same time; 2) Helps children feel a sense of belonging and significance; 3) Is effective long-term; 4) Teaches valuable social and life skills; and 5) Invites children to discover how capable they are and to use their personal power in constructive ways.

2. On an attachment, list the activities that are appropriate for each age group you plan to serve. Include indoor and outdoor, active and quiet activities. Include a sample schedule for each age group.

3. In what area will the children rest and what type of napping equipment will they use?

Before naptime, cots will be positioned throughout the classroom. Each cot is labeled with the child's name and photo and is covered with a fitted sheet that is laundered regularly.

4. **Licensed centers only:** On the floor plan attachment that you used to identify the rooms to be used for each age group, (Section II, Item 1 above), add the number of caregivers that you will need when the room is at its full capacity.

## IV. Activities Away from the Operation

1. If you plan to take field trips, how will you ensure that the appropriate minimum standards rules are maintained?

Not applicable (children will not go on field trips).

2. Water activities:

- No water activities are planned
- Operation has a swimming or a wading pool on site.
- Children will be taken away from the operation to a swimming pool.

What is your plan to ensure the safety of the children while they are in swimming or wading pools either at your operation or away from the operation?

Not applicable (swimming/wading activities are not available).

3. If you plan to provide transportation, how will you ensure that the appropriate minimum standards rules are maintained?

Not applicable (transportation is not provided).

## V. Safety, Sanitation and Fire

1. How will you ensure that the operation, both indoors and outdoors, is maintained to protect the health and safety of children?

Ultimately, our success in ensuring the health and safety of children is dependent on our policies and procedures becoming steeped in the thoughts, attitudes, and behaviors of the staff. We will ensure that staff prioritize child safety is second nature by 1) emphasizing its importance at orientation and pre-service training; 2) throughout the year at quarterly professional development trainings; and 3) on a random basis, periodic "sweeps" to evaluate regulatory compliance and health and safety for all (see Regulatory Compliance & Safety Sweep attachment).

2. What is your plan for identifying persons who are authorized to pick up a child?

Names and contact information for adults authorized to pick-up is collected 1) at the time of admission; 2) at least once each year (during annual re-enrollment); and 3) whenever the family wishes to update this information. Until staff can positively identify the authorized adult, staff will request valid photo ID and compare it to the information provided by parents. Children will only be released to properly designated authorized adults.

3. **Licensed centers only:** In areas that are enclosed or have an obstructed view, how will caregivers observe children at all times? How will caregivers with the children in these areas be able to be observed at all times?

Staff are required to provide direct and active supervision at all times whether indoors, outdoors, or during nap times. Central to this is practicing situational awareness — constantly moving eyes and body to ensure every child is accounted for at all times. Design process consideration was given to optimizing lines of sight throughout the classroom and playground and minimizing (if not eliminating) obstructed areas. Taken together, they ensure that children and caregivers are observable at all times.

4. How will you ensure that the building, grounds, equipment, and supplies are maintained in a clean and sanitary manner?

Cleaning, disinfection, and sanitization duties are shared by classroom staff and cleaning staff. Refer to Cleaning Practices attachment.

5. How will you ensure that you and your caregivers wash their hands as specified in the minimum standard rules?

Signage will be posted at all handwashing sinks and dishwashing sinks to remind adults when handwashing is required. Additionally, handwashing protocol will be covered for all staff at 1) orientation; and 2) quarterly professional development trainings. It will also be covered for new, non-exempt staff at pre-service training. Supervisors will regularly observe handwashing practices of staff and provide real-time feedback in the event handwashing requirements are not being met.

6. How will you ensure that you and your caregivers follow diapering procedures as specified in the minimum standard rules?

N/A. Children must be toilet independent in order to meet enrollment eligibility requirements.

7. What is your plan to ensure the safety of children in case of fire, lockdown, or other emergency? Identify the designated relocation areas in and outside of the operation.

In an emergency, our first obligations are to keep children safe and direct the group to the appropriate response protocol while maintaining calm. Practicing emergency drills on a monthly basis will help ensure that adults and children both know what to do, which will help keep the community safe in an actual emergency. Relocation areas are designated on the Emergency Procedures attachment.

**VI. Physical Health and Well-Being**

1. What is your plan when a child gets ill or injured while at the operation?

Staff will conduct a daily health check to assess each child for signs of illness. If a child exhibits any of the following symptoms, we will notify parents by phone and request that their child be picked up with one hour: Temperature of 100.5 degrees or higher\*; rash of indeterminate origin; heavy nasal discharge that requires wiping every 3 - 5 minutes; persistent cough that interrupts the child's routine; sore throat; earache; vomiting\*; diarrhea\*; red or watery eyes; possible infection. (\*When children are sent home for these reasons, they must remain home for at least 24 hours without the aid of medication for at least 24 hours before returning to school.) When a child is waiting to be picked up, they will be removed from the classroom and kept comfortable. If a child is injured while at school, staff will provide appropriate treatment (ice pack, bandage, TLC, etc.) and notify parents by way of an "ouch report" at the end of the day; if the injury involves a child's head or is otherwise serious, parents will be notified by phone immediately.

2. How will you ensure that medication is given properly?

We will inform parents that we discourage the administration of medication during school hours. However, since may not always be possible or practical, staff will only administer medication with written authorization and instructions from a parent. In addition, the medication must be labeled with the child's name, in the original packaging, and unexpired; if the medication is prescribed by a physician, it must also be labeled with the pharmacy's name and the physician's name and phone number. Whenever staff administer medication, it will be recorded and logged in the child's file and retained for at least three months.

3. How will you ensure that the nutritional needs of the children are met on a daily basis? What meals will you serve? If you are serving meals and snacks, provide a sample menu for a week on an attachment.

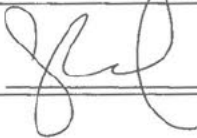
Our snack menu is developed in accordance with the USDA Child and Adult Food Care Program guidelines. Children will be served two snacks per day. No other meals will be served, though parents will be instructed to pack a nutritious lunch from home. Sample Snack Calender attached.

8. Will the parents be required to supply any food? .....  Yes  No

**Include any required attachments and any forms or checklists you may use to help you maintain compliance with the minimum standard rules.**

**Signature**

Prepared by: Gregory J. Marick

	Signature:	Date Signed: June 18, 2024
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**RECEIVED**  
JUN 20 2024  
BY: \_\_\_\_\_