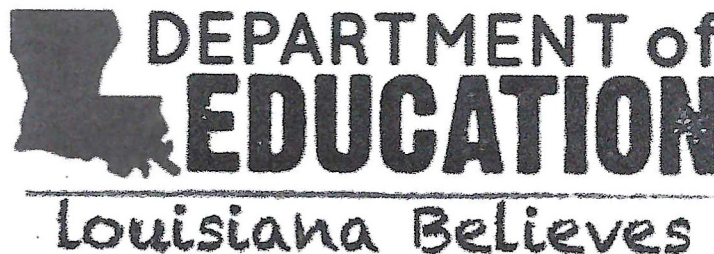


Louisiana Department of Education  
Division of Licensing  
P.O. Box 4249  
Baton Rouge, LA 70821  
Telephone: 225-342-9905  
Fax: 225-342-2498  
www.louisianabelieves.com



Facility Name: Kids House of Learning  
Physical Address: 711 Derbigny Street  
City: Gretna State: LA Zip Code: 70053 Phone: 5043662933

License Number: 14264  
Program Type: Child Day Care  
Subprogram Type: Early Learning Center III  
License Expiration: 2/29/2024  
Type Code: III  
Anniversary: February  
Director: Ms. Shirley Funches  
Census: 42  
Capacity: 86

Action Code: 12

Previous Action Line ID: 773125

**Deficiency Count**

From Previous Visit:	1
Deficiencies Cleared:	1
Deficiencies Re-Cited:	0
New Deficiencies:	0
Total Deficiencies:	0

Action Line ID: 773558

Request Date: 8/2/2023

Control #:

*Natashia George* *Kedra Gray* *8/7/2023*  
Specialist: Natashia George, Kedra Gray Date

Date of Inspection	Arrival Time	Departure Time
08/07/2023	01:30 PM	02:45 PM

BY INITIALING EACH BLANK, I HEREBY CERTIFY THE FOLLOWING:

- ☒ Today, I have received a copy of the Summary Page and/or Statement of Deficiencies cited during the inspection of this center.
- ☒ I understand that deficiencies may place children in danger and could affect the license.
- ☒ I understand that an inspection report is not final until LDOE Licensing staff have reviewed the cited deficiencies. LDOE has the discretion to amend the Statement of Deficiencies after review of the inspection report.
- ☒ I understand that at LDOE's sole discretion, a follow-up inspection may be conducted when deficiencies are cited to determine whether the deficiencies have been corrected and maintained in a manner consistent with the minimum standards.
- ☒ I understand that any deficiency cited must be corrected, but correcting the deficiency does not withdraw the deficiency.
- ☒ I acknowledge that the actual names of staff members that have been noted throughout the inspection as S1, S2, C1, C2, O1, O2, etc. have been identified, discussed and provided to me during the exit interview.
- ☒ I acknowledge that an exit interview was conducted with the Licensing Specialist. If a deficiency was cited, the exit interview consisted of a review of each cited deficiency and how to correct it. The intent of each regulation cited was discussed with me, as well as how to comply and remain in compliance with the minimum standards.
- ☒ I understand that continued non-compliance with the minimum standards may result in enforcement actions up to and including the non-renewal or revocation of this center's license to operate.
- ☒ I understand that the LDOE website found at [www.louisianabelieves.com](http://www.louisianabelieves.com) contains information relating to the operation of licensed child care centers and should be checked periodically for new and updated information.

*Shirley Funches*  
Director / Director Designee Signature

*8-7-23*  
Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/31/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## PRODUCER

Leithman-LeBoeuf Insurance, Inc.  
PO Box 1586

Gretna LA 70054-

## INSURED

KID'S HOUSE OF LEARNING, INC.  
711 DERBIGNY

GRETNLA LA 70053-

CONTACT  
NAME:

PHONE (A/C No. Ext): (504) 367-7777 FAX (A/C No.): (504) 361-0554  
E-MAIL ADDRESS: l1agency@bellsouth.net

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A :TEGRITY SPECIALTY INS COMPANY

INSURER B :ATAIN SPECIALTY INSURANCE COMPANY

INSURER C :LWCC

INSURER D :

INSURER E :

INSURER F :

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <b>SEXUAL/PHYSICAL ABUSE</b> \$100,000/\$300,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		01-C-PK-P20054340-0	05/09/2023	05/09/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$			/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y N/A	157468-A OWNER EXCLUDED: SHIRLEY FUNCHES	08/15/2023	08/15/2024	PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	PROPERTY COVERAGE		LBW741473	05/09/2023	05/09/2024	BUILDING: \$480,000 CONTENTS: \$20,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

JEFFERSON PARISH, IT'S DISTRICTS, DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND PARISH COUNCIL ARE ADDED AS ADDITIONAL INSURED.

SEXUAL AND/OR PHYSICAL ABUSE LIABILITY INCLUDED UNDER POLICY #CPS7361412. \$100,000 EACH CLAIM/\$300,000 AGGREGATE.

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish, it's districts, depart  
& agencies under direction of Pari  
1221 Elmwood Park Blvd Suite #402  
Jefferson LA 70123-

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Early Childhood  
Performance Rating  
**High Proficient**

[About](#)

[Academic Performance](#)

## Overview

Star Rating ★★★★★


### Kids House Of Learning

[+ Add to Compare](#)

[♥ Add to Favorites](#)



[View](#) 711 Derbigny  
[Maps](#) St. Gretna, LA  
70053

 504-366-2933



kidsrone@bellsouth.net

District / Parish  
Jefferson Parish

School Type  
Early Head Start/Head Start  
Licensed Center

License Type  
III

Inspection Areas  
[Click here to view inspection list information](#)

Transportation  
No

Takes Child Care Assistance  
Program (CCAP)  
Yes

Inspection Visit Information  
[Click here to view inspection visit information](#)

Mon 07:00am to  
04:00pm  
Tue 07:00am to  
04:00pm  
Wed 07:00am to  
04:00pm  
Thu 07:00am to  
04:00pm  
Fri 07:00am to  
04:00pm

## Additional Information

License Number  
14264

Site Code  
KRE001

Total Student Enrollment  
N/A

Current Early Education Capacity  
86 students

### Academic Offerings

N/A

### Music / Art

Most early childhood programs offer music and art in the classroom.

Our hours of operation  
are 8-5pm. but still  
showing as  
8-4. I have

Contacted licensing  
several times.  
Regarding this  
matter to NO avail.



# Kids House of Learning

LICENSE NUMBER: 14264

*in compliance with the performance and academic standards of the  
Early Childhood Care and Education Network and is hereby granted*

## ACADEMIC APPROVAL

*for the 2023-2024 school year by the Louisiana Department of Education.*

*This approval will expire on June 30, 2024, unless revoked  
at any time prior as provided in BESE Bulletin 140.*



*Dr. Cade Brumley*

Dr. Cade Brumley  
State Superintendent of Education





John Bel Edwards  
GOVERNOR

**Office of State Fire Marshal**  
8181 Independence Blvd. Baton Rouge, LA 70806  
(225) 925-4911 (800) 256-5452 Fax (225) 925-4241



Daniel H. Wallis  
FIRE MARSHAL

**Inspection Report**

Report # CB-22-004446-1

**No Deficient/Cautionary Codes cited.**

Location Information					
Inspection Type	Compliance Building Inspection		Inspection Date	2/23/2023 4:11:58 PM	
Structure ID	104697	No. of Buildings	1	Facility Code	K4219
Capacity	102	Year Built	1999	Construction Type	
Building/Trade Name		Address			
KIDS HOUSE OF LEARNING		711 DERBIGNY STREET, GRETNA, LA 70053			
Owner Information					
Owner Type	Name	Contact Phone	Contact Email		
State Licensed	J. B. FIKDES	(504) 366-2933	KIDSRONE@BELLSOUTH.NET		
Address					
713 19TH STREET, GRETNA, LA 70053					
Tenant Information					
Name	Suite Number	Floor Number	Square Footage		
Occupancy Details					
Occupancy Type	Details				
Educational	OCCUPANCY TYPE: DAY CARE; NUMBER OF CHILDREN OVER 2-1/2 YEARS OF AGE: ; NUMBER OF CHILDREN 2-1/2 YEARS OF AGE OR LESS: ; NUMBER OF ADULTS:				
Comments					
ANNUAL INSPECTION CONDUCTED  LICENSE NUMBER - 14264 EXPIRES - 02/28/2023 KIDS - 25 STAFF ON SITE - 8 DATE OF LAST FIRE DRILL - 01/17/2023  NO APPARENT DEFICIENCIES NOTED AT TIME OF INSPECTION. ACCEPTABLE FOR LICENSING.					
Inspector Information					
Name: Mason Gauthreaux	Badge Number: 758	Inspector Signature:			
Person to whom requirements were explained					
Name: Shirley Funches	Title: Director	Signature:			

For questions regarding the contents of this report, please call:

(504) 568 8506

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH  
OFFICE OF PUBLIC HEALTH

INSTITUTION REPORT

Agency License No.

14264

Anniversary Month

FEBRUARY

Name of Establishment

KIDS HOUSE OF LEARNING-217

Mailing Address

Address

711 DERBIGNY ST

City, state, Zip Code

GRETN LA 70053

Type of Facility

DAY CARE 86 63

Parish

Jefferson

Date Inspected

01/20/2023

The above establishment has been inspected by a representative of this section, and:

- ☒ License is Recommended;  
☐ License is **Not** Recommended;  
☐ License is Pending Reinspection;

from the standpoint of sanitation.

JACOB LACAZE

3

2

3

2





STATE OF LOUISIANA  
DEPARTMENT OF HEALTH  
OFFICE OF PUBLIC HEALTH

Retail Food  
Notice of Violations

Routine/Renewal

Permit Number 26-0065636-1	Permit Name KIDS HOUSE OF LEARNING DAY CARE DIETARY	
Name of Establishment KIDS HOUSE OF LEARNING	Owner Name J B FIKES	
Address 711 DERBIGNY ST GRETNA, LA 70053	Date 09/26/2023	Time 02:10 PM

LAC TITLE 51 PART XXIII

Comments:

Verbal acknowledgement of report provided by Shirley Funches/Director  
kidsrone@bellsouth.net

NOTICE RS 40:31.38 (ACT 66)

RS 40:31.38 (ACT 66) authorizes the Louisiana Department of Health to charge a fee of \$150 to any permitted facility that fails to correct the necessary sanitary code violations to be in compliance at the time of its follow up inspection (1st re-inspection). Re-inspections are required when there are five or more uncorrected non-critical violations and/or one or more uncorrected critical violations remaining at the conclusion of an inspection. The fee is only charged if the necessary violations are not corrected before the 2nd re-inspection and other subsequent re-inspections. Facilities can avoid this fee if the violations noted on the routine inspection report are corrected by, or during, the follow up inspection. If a fee is assessed, the \$150 fee is payable within 30 days' notice, and failure to pay shall result in revocation of the permit.

Sanitarian Name/Print  
Jacob Lacaze

Phone #  
504-838-5140

Sanitarian Signature

R.S. #  
3232

The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to  
Correct Critical Violations by \_\_\_\_\_  
Correct Non-Critical Violations by \_\_\_\_\_

Name/Title  
Shirley Funches/Director

Signature of Recipient

Account No: 8093

Expiration: 12/31/2023

CITY OF GRETNA, LOUISIANA  
BUSINESS LICENSE  
NON-TRANSFERABLE

SHIRLEY FUNCHES, having paid all applicable fees, is hereby licensed to carry on business in the City of Gretna, Louisiana, for the year ending December 31, 2023.

Type Business: DAYCARE

Trade Name: SHIRLEY FUNCHES  
Address: 711 DERBIGNY ST  
GRETNA, LA 70053

Date Issued: 1/23/2023

  
Licensing Department

*This license must be publicly displayed.*

\*\*\*\*\*NOTICE\*\*\*\*\*

This license becomes null and void if ownership, business name, or address changes. Licensee must apply within 10 days of said change or transfer fee will apply. New location must comply with all applicable zoning and building regulations.



STATE OF LOUISIANA  
Louisiana Department of Health / Office of Public Health  
628 N. 4TH STREET • 3RD FLOOR • BATON ROUGE, LOUISIANA 70802

PERMIT NUMBER:  
26-0065636-1

**2023** PERMIT TO OPERATE **2024**  
Day Care Center/Group Home Kitchen

This is to certify that the below named owner and establishment name and location has duly registered with the Louisiana Department of Health in accordance with the Sanitary Code of Louisiana, and is hereby given permission to operate.  
**Permit to Operate is not transferable: New Owner and/or New Location requires a new permit.**  
Permit to Operate remains the property of the Louisiana Department of Health, Office of Public Health, and may be revoked or suspended for failure to comply with provisions of the State Sanitary Code or other applicable laws and/or regulations.

ISSUED TO/NOT TRANSFERABLE

J B FIKES  
711 DERBIGNY ST  
GRETNA LA 70053  
KIDS HOUSE OF LEARNING DAY CARE DIETARY  
711 DERBIGNY ST  
GRETNA LA 70053

JOSEPH KANTER, M.D.  
STATE HEALTH OFFICER



# State of Louisiana

Department of Education



## LICENSE

14264

This is to certify that

is hereby duly licensed to operate

Kids House of Learning

Type "III" Early Learning Center at

711 Derbigny Street

Gretna, LA 70053

with a licensed capacity of

86

Age Range:

6 Week(s) - 5 Year(s)

Gender :

Male/Female

approved for services of

Early Learning Center III

This license shall expire on Feb 29, 2024, but may be revoked or suspended at any time as provided in the Licensing Law or Minimum Standards pertaining thereto. This license is not transferable and must be renewed annually.

Mar 01, 2023

Date of Issue

Type "III"

*Paula Carlberg*

State Superintendent of Education