

Food Program Official Inspection Report

Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097 phone: (530) 841-2100, fax: (530) 841-4076

Facility Name: Jackson Street School Permit # 000267										
Address: 405 Jackson St., Yreka, CA 96097										
Permi	Permit Holder: Permit To Operate: Jackson Street School Valid Not Valid									
Phone	Phone: 530-842-8561 E-mail: rhead@yrekausd.net									
Food										
Reliee Head 03/2021						05/2027				
	MAJ OUT COS						The marked items rep	resent Health Code violations and must be corrected as follows:		
Protection Time/ Temp.	1000	Food Temp.	_				ROUTINE INS	PECTION CONDUCTED THIS DATE		
	2	Prep./ Service	-		2					
	3	Storage/ Disp.	-		_					
	4	Frozen Food								
sctio	1020	Pure Food								
rote	6	Reused Food								
<u> </u>	7	Transportation								
e	8	Storage Fac.	L							
orac	9	Refrig. Units								
d St	10	Thermometer			6		0.4.7107			
Food Storage		Hazardous Mat.				SATISFACTORY AT PRESENT TIME.				
	12	Spoils		1	5					
ġ.	13	Wash/ Sanitize			\$					
Uten./Equip.	14	Equip. Condition			2					
ten.	15	Utensil Condition								
Ď	16	Storage		5						
e	17	Handwashing								
loye	18	Employee Hygiene								
Employee	19	Employee Habits								
	20	Food Cert./ Card								
Water	21	Water								
Ň	22	Cross Con.								
Waste	23	Liquid Waste								
	24	Refuse								
Vermin	- Contraction	Rodents/ Insects								
Vel	26	Animal/ Fowl	2		5					
	27	Ventilation			2					
S	28	Doors			ð.					
Facilities	29	Floors								
Fac	30	Walls - Ceilings								
	31	Toilet Fac.								
1	32	Janitorial Fac.								
	33	Lighting								
C	34	Clothing - Linen								
Misc.	35	Signs								
		Misc.								
)UT =	Out o	of con	npliance	COS = Corrected on-site			
Receiv	ea B	y (Print): Renee	Head	ł			Received by (Signature):	Date: 01/14/2025		
REHS (Print): REHS (Signature): Phone: 530-841-2112					Phone: 530-841-2112					

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Received By (Print):		Received by (Signature):	Dat	0.
	enee Head		Dai	01/14/2025
REHS (Print):		REHS (Signature):	Pho	
Chalyn E	Dewey			30-841-2112
Page 2				

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Possived By (Drint)		Received by (Signature):	Date:	
Received By (Print): Ren	ee Head	Noverved by (Signalule).		4/2025
REHS (Print):		REHS (Signature):	Phone:	
Chalyn	Dewey			1-2112
Page 3	-			

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	nee Head	Received by (Signature):		Date: 01/14/2025
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