



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											
Permit	Permit Holder: Permit To Operate:										
Phone		F. WHO THE PROPERTY AND STREET	ueei	SCHO	UI	● Valid					
	550-642-6561 mead@yrekausd.net										
Food S	Food Safety Certified Employee: Renee Head Expiration Date: 05/2027										
	MAJ OUT COS					The marked items represent Health Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED THIS DATE					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.									
	4	Frozen Food									
ction	5	Pure Food									
rote	6	Reused Food				SATISFACTORY AT PRESENT TIME.					
۵	7	Transportation									
Φ	8	Storage Fac.									
orag	9	Refrig. Units									
Food Storage	10	Thermometer									
000	11	The state of the s				CONTINUE TO WORK TOWARDS COMPLIANCE ON VIOLATIONS FOUND ON					
ш.	12	Spoils				PREVIOUS INSPECTION such as patching up holes, paint damaged surfaces on walls and ceilings in kitchen and walk-in refrigerator.					
ġ.	13	Wash/ Sanitize		8		and ceilings in kitchen and waik-in reingerator.					
Uten./Equip.	14	Equip. Condition									
ten./	15	Utensil Condition									
5	16	Storage									
Φ	17	Handwashing									
loye	18	Employee Hygiene									
Employee	19	Employee Habits									
	20	Food Cert./ Card									
Water		Water									
Š	22	Cross Con.									
Waste		Liquid Waste									
	24	Refuse									
Vermin		Rodents/ Insects									
Ne Ne	26	Animal/ Fowl			_						
	27	Ventilation	Ш								
S	28	Doors		×							
Facilities	29	Floors	ш								
Fa	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
		Lighting									
Misc.	34	Clothing - Linen									
	35										
		Misc.									
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site											
Received By (Print): Received by (Signature): Date: 06/03/2024											
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112											

Page 1 Last modified 4/12/2023

Facility Name: Jackson Street So	chool	
The marked item	s represent Health Code violations and must be co	rrected as follows:
	D 1 1 (6)	_
Received By (Print): Sarah Green	Received by (Signature):	Date: 06/03/2024
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112

Facility Name:	Jackson Street School		
	The marked items repr	resent Health Code violations and must be co	rrected as follows:
Described By (D.1.0)		Pagained by (Signatura)	5-4-
	ah Green	Received by (Signature):	Date: 06/03/2024
REHS (Print): Chalyn I	 Dewey	REHS (Signature):	Phone: 530-841-2112

Facility Name:	Jackson Street School	
	The marked items represent Health Code violations and must be corrected as follows:	
•		
Received By (Print): Sar	Received by (Signature): Darah Green	ate: 06/03/2024
REHS (Print): Chalyn [REHS (Signature): Pr	none: 530-841-2112