



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: Golden Eagle Charter School K-8				Permit # 000620		
Address: 1030 W.A. Barr Rd., Mount Shasta, CA, 96067						
Permit Holder: Golden Eagle Charter School				Permit To Operate: ☒ Valid ☐ Not Valid		
Phone: 530-926-5800 ext. 810		E-mail: schoolnutritionprogram@gecs.org				
Food Safety Certified Employee: Maicey DeMartini				Expiration Date: 11/2027		
		MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows: ROUTINE INSPECTION CONDUCTED THIS DATE 25) Observed a few rodent dropping in two bottom drawers of cabinets that are unused. No other evidence of rodents were observed during the inspection. Clean and sanitize all surfaces, ensure food remains to be secure from potential rodent exposure, and obtain a rodent control service. Monitor for new droppings and other potential evidence of rodent presence. A follow-up inspection will be conducted after the school break.	
Protection Time/ Temp.	1	Food Temp.				
	2	Prep./ Service				
	3	Storage/ Disp.				
	4	Frozen Food				
	5	Pure Food				
	6	Reused Food				
	7	Transportation				
Food Storage	8	Storage Fac.				
	9	Refrig. Units				
	10	Thermometer				
	11	Hazardous Mat.				
	12	Spoils				
Uten./Equip.	13	Wash/ Sanitize				
	14	Equip. Condition				
	15	Utensil Condition				
	16	Storage				
Employee	17	Handwashing				
	18	Employee Hygiene				
	19	Employee Habits				
	20	Food Cert./ Card				
Water	21	Water				
	22	Cross Con.				
Waste	23	Liquid Waste				
	24	Refuse				
Vermin	25	Rodents/ Insects		X		
	26	Animal/ Fowl				
Facilities	27	Ventilation				
	28	Doors				
	29	Floors				
	30	Walls - Ceilings				
	31	Toilet Fac.				
	32	Janitorial Fac.				
	33	Lighting				
Misc.	34	Clothing - Linen				
	35	Signs				
	36	Misc.				
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site						
Received By (Print): Dora-Lynne				Received by (Signature): _____ Date: 04/05/2025		
REHS (Print): Rick Florendo				REHS (Signature): _____ Phone: 530-841-2114		

Facility Name: Golden Eagle Charter School K-8

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print): Dora-Lynne	Received by (Signature):	Date: 04/05/2025
------------------------------------	--------------------------	---------------------

REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114
--------------------------------	-------------------	------------------------

Facility Name: Golden Eagle Charter School K-8

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print): Dora-Lynne	Received by (Signature):	Date: 04/05/2025
------------------------------------	--------------------------	---------------------

REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114
--------------------------------	-------------------	------------------------

Facility Name: Golden Eagle Charter School K-8

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print): Dora-Lynne	Received by (Signature):	Date: 04/05/2025
------------------------------------	--------------------------	---------------------

REHS (Print): Rick Florendo	REHS (Signature):	Phone: 530-841-2114
--------------------------------	-------------------	------------------------