## 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	Na	me: Carter's S	weet	s & E	ats					Permit #	000738
Addres	SS:	316 W. Miner		9 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0		96097				183	
Permit	Permit Holder: Permit To Operate:										
Phone	Veronica Carter  Veronica Carter  E-mail: vkcarter22@gmail.com								Not valid		
	330-043-9097 Vicanter 22@gmail.com								Deter		
Food S	Food Safety Certified Employee: Virginia Carter Expiration Date: 11/2029								11/2029		
		MAJ OUT COS					The marked items re	epresent Health Code vio	olations and must	be corrected	as follows:
dμ.	1	Food Temp.			_		ROUTINE INSPECTION CONDUCTED THIS			SDATE	
Ten		Prep./ Service								DAIL	
me/	76	Storage/ Disp.			_						
	200	Frozen Food			_						
	1800	Pure Food									
		Reused Food			_						
	93/12	Transportation			_						
Food Storage		Storage Fac.			_	SATISFACTORY AT PRESENT TIME.					
	Section 2	Refrig. Units			_	CONTRACTOR					
	10	Thermometer		8 8	_						
	CHILD.	Hazardous Mat.			_						
	12	Spoils			_						
/Equip.		Wash/ Sanitize			_						
	14	Equip. Condition									
Jten.		Utensil Condition			_						
כ	16	Storage									
90	1000	Handwashing			_						
oloye	100000	Employee Hygiene			_						
Emp	1000	Employee Habits			_						
	7 10 5	Food Cert./ Card			_						
ater		Water	<u> </u>		_						
>		Cross Con.			_						
aste	100 mm	Liquid Waste			_						
Waste Water		Refuse			_						
A Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	100000	Rodents/ Insects	<u> </u>		_						
Facilities Vermin Waste Water Employee	-	Animal/ Fowl									
		Ventilation	Н		_						
es	1	Doors			_						
cilit		Floors			_						
F	-	Walls - Ceilings			_						
		Toilet Fac.	Н		_						
		Janitorial Fac.			_						
		Lighting			_						
Misc.		Clothing - Linen			_						
		Signs			_						
MAI-		Misc.	ILT -	Out of	comp	lianco (	COS - Corrected on	eito			
	MAJ = Major violation OUT = Out of compliance COS = Corrected on-site  Received By (Print): Received by (Signature): Date:										
Virginia Carter 04/24/2025											
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112											

Facility Name:	Carter's Sweets & Eats	
	The marked items represent Health Code violations and must be corrected as follows:	
18		
):	Received by (Signature): Date:	
Received By (Print):	Received by (Signature): Date:	04/24/2025
REHS (Print):	REHS (Signature): Phone	March and the Control of the Control

530-841-2112

Chalyn Dewey

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Virgi		04/24/2025
REHS (Print):	REHS (Signature): Phone	

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Descrived Du /D==+\	Possived by (Signature):	Data
	ginia Carter	Date: 04/24/2025
REHS (Print): Chalyn [	REHS (Signature):  Dewey	Phone: 530-841-2112