

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: Willow Cre	eek El	ementa	ary		Permit # 000484	Į.			
Addres	SS:	532 York Rd.,			2000						
Permit Holder: Willow Creek Elementary Permit To Operate: Valid Not Valid											
Phone	5	30-459-3313				E-mail: jzimmerman@sis	net.ssku.k12.ca.us				
Food S		ty Certified Employ	/ee: lo	shua 7	immerman	,	Cunication Data:	2/2027			
		837 - 8380 123	172	UT COS		The marked items represent Health Cod	e violations and must be corrected as follow	DESCRIPTION OF THE PROPERTY OF			
100*	1	Food Temp.	IVIAJ	01 003		The marked items represent rieditir Cou	e violations and must be corrected as follow	WS.			
Protection Time/ Temp.	2	Prep./ Service				ROUTINE INSPECTION CO	NDUCTED THIS DATE				
	3	Storage/ Disp.									
	4	Frozen Food									
	5	Pure Food	+ +								
	6	Reused Food	\vdash								
Pro	7	Transportation									
Food Storage	8	Storage Fac.									
	9	Refrig. Units	186 201								
Stor	10	Thermometer				SATISFACTORY AT I	PRESENT TIME.				
poo	11	Hazardous Mat.									
P.	12	Spoils									
Uten./Equip.	13	Wash/ Sanitize									
	14	Equip. Condition									
	15	Utensil Condition									
ž	16	Storage									
o)	17	Handwashing									
oye	18	Employee Hygiene									
Employee	19	Employee Habits									
Ш	20	Food Cert./ Card									
Water	21	Water									
×	22	Cross Con.									
Waste	23	Liquid Waste									
Wa	24	Refuse									
Vermin	25	Rodents/ Insects									
Vel	26	Animal/ Fowl									
	27	Ventilation	ш								
S	28	Doors	ш								
Facilities	Direct Co.	Floors	ш								
Fa	30	Walls - Ceilings		2							
	31	Toilet Fac.	ш								
	32	Janitorial Fac.									
		Lighting									
Misc.	-958	Clothing - Linen									
Σ	-	Signs									
MA I –		Misc.	III - O	ut of con	onliance	COS = Corrected on-site					
		or violation ((Print):	JUI = 0	ut of con		Received by (Signature):	Date:				
		Joshua	Zimm	erman		SOM OF TO CONTROL OF THE PER	04/30/202	25			
REHS (Print): Chalyn Dewey						REHS (Signature):	Phone: 530-841-	2112			

Facility Name: Willow Creek Elementary				
	The marked items represent Health Code violations and must be corrected as follows:			
	8			
Received By (Print):	Received by (Signature): Date:	4/30/2025		
REHS (Print):	REHS (Signature): Phone:	Military and Secretary and Secretary		

530-841-2112

Chalyn Dewey

Facility Name:	Willow Creek Elementary	
	The marked items represent Health Code violations and must be corrected as follows:	
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	i.	
Received By (Print):	Received by (Signature): D	ate:
	hua Zimmerman	04/30/2025
REHS (Print):	RELECTION CONTROL CONT	hone:
Chalyn I	Dewey	530-841-2112

Facility Name:	Willow Creek Elementary	
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×		
	•	
Received By (Print):	Received by (Signature):	Date:
	hua Zimmerman	04/30/2025
REHS (Print):	REHS (Signature):	Phone:
Chalyn [Dewey	530-841-2112