



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: Kentucky Fried Chicken	Permit # 000282
Address: 1293 S Main Street, Yreka, CA 96097	
Permit Holder: Declerck Enterprises	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-842-5577	E-mail: D118002@yum.com
Food Safety Certified Employee: Nicole McNew	Expiration Date: 08/2028

		MAJ	OUT	COS		
					The marked items represent Health Code violations and must be corrected as follows:	
Protection Time/Temp.	1	Food Temp.			<p style="text-align: center;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>A complaint and routine inspection were conducted on this date. See complaint inspection for additional information. The following are violations observed during this routine inspection:</p> <p>2) Observed the handle of the coleslaw scoop directly touching the food. Prevent contaminating food by storing the handle above the food. Correct immediately.</p> <p>13) Observe food grime and flour buildup on the bottom of the raw poultry prep table. Maintain equipment in a cleanly manner at all times. Clean and sanitize immediately.</p> <p>14) Observed all soda covers missing at drive-thru beverage dispenser. Ensure surfaces in food prep areas are smooth, easily cleanable, durable, and nonporous. Maintain equipment in good repair and fully serviceable. Repair or correct within 90 days.</p> <p>14) Observed rust buildup on the inside door of poultry walk-in cooler. Maintain unit in a cleanly manner and free of contaminants. This door was refinished and in compliance on 06/20/2025. Repair or refinish door and if unserviceable, replace within 90 days.</p> <p>14) Observed ice buildup on the door and frame of poultry walk-in freezer, causing the door to not shut properly. Maintain equipment in good repair and fully serviceable. Repair or correct within 90 days.</p> <p>14) Observed black slimy mold inside the ice machine. Prevent contaminating ice by maintaining equipment in a cleanly manner at all times. Discontinue use, dispose all ice, and wash and sanitize inside ice bin according to manufacturer instruction ASAP.</p> <p>30) 2nd Notice - Observed dry wall and holes on the ceiling in front of the produce/bake goods walk-in freezer. Previous inspection report stated a possible repair schedule for this summer. Violation has not been corrected. Ensure ceiling is finished to be the smooth, easily cleanable, durable, and nonporous. Repair or correct within 30 days.</p> <p>33) Observed insufficient lighting at the raw poultry prep station. The light fixture above this area is not working or flickers on and off. Food prep areas require at least 50 foot candles at the surface. Repair or correct within 30 days.</p> <p>Future non-compliance will result in reinspection fees, administrative hearing, and potential permit revocation.</p>	
	2	Prep./ Service		X		
	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.				
Uten./Equip.	12	Spoils				
	13	Wash/ Sanitize		X		
	14	Equip. Condition		X		
Employee	15	Utensil Condition				
	16	Storage				
	17	Handwashing				
	18	Employee Hygiene				
Water	19	Employee Habits				
	20	Food Cert./ Card				
Waste	21	Water				
	22	Cross Con.				
Vermin	23	Liquid Waste				
	24	Refuse				
Facilities	25	Rodents/ Insects				
	26	Animal/ Fowl				
	27	Ventilation				
	28	Doors				
	29	Floors				
	30	Walls - Ceilings		X		
Misc.	31	Toilet Fac.				
	32	Janitorial Fac.				
	33	Lighting		X		
	34	Clothing - Linen				
	35	Signs				
	36	Misc.				

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Dakota Hendricks	Received by (Signature): _____ Date: 10/07/2025
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Kentucky Fried Chicken

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

[Empty area for listing health code violations and correction details]

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Received By (Print): **Dakota Hendricks** Received by (Signature): Date: **10/07/2025**

REHS (Print): **Chalyn Dewey** REHS (Signature): Phone: **530-841-2112**

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REHS (Print): **Chalyn Dewey** REHS (Signature): Phone: **530-841-2112**