

## **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: Butte Valley Montessori Permit # 000172									
Addres	SS:	610 W 3rd Stre	eet Dorri	s CA	96023				
Permit	Permit Holder: Butte Valley Monyessori Permit To Operate:  O Valid Not Valid								
Phone	:	530-397-2293			E-mail: bvm	ontessori			
Food Safety Certified Employee: Daintry Zarzy Expiration Date: 02/2026									
				cos		esent Health Code violations and must be corrected as follows:			
· i	1	Food Temp.				INSPECTION CONDUCTED ON THIS DATE			
emi	2	Prep./ Service			ROOTINE	THE ENTEN CONDUCTED ON THIS BATE			
Protection Time/ Temp.	3	Storage/ Disp.							
	4	Frozen Food			S	SATISFACTORY AT PRESENT TIME			
	5	Pure Food							
	6	Reused Food							
	7	Transportation							
10 Sto	8	Storage Fac.							
	Refrig. Units								
	10	Thermometer							
	11	Hazardous Mat.							
4	12	Spoils							
.di	13	Wash/ Sanitize							
Æq.	14	Equip. Condition							
Uten./Equip.	15	Utensil Condition							
'n	16	Storage							
ē	17	Handwashing							
loye	18	Employee Hygiene							
Employee	_	Employee Habits							
	20	Food Cert./ Card							
Water		Water							
×		Cross Con.							
Waste	_	Liquid Waste							
×	24	Refuse							
Vermin	_	Rodents/ Insects							
۸e		Animal/ Fowl							
		Ventilation							
cilities	_	Doors							
	_	Floors							
Fa	30	Walls - Ceilings							
	_	Toilet Fac.							
		Janitorial Fac.							
		Lighting							
Misc.		Clothing - Linen							
		Signs							
MA I		Misc.	UIT - Out	of corr	apliance COS - Corrected on site				
		or violation OUT = Out of compliance COS = Corrected on-site  (Print): Received by (Signature): Date:							
Maria Rodriquez 1/31/2024									
REHS (	Phone: 530-841-2117								

Facility Name:	Butte Valley Montessori		
	The marked items represent He	alth Code violations and must be corrected	as follows:
Received By (Print):	Rece aria Rodriquez	ved by (Signature):	Date: 1/31/2024
REHS (Print): Alexa Ro	REH che	S (Signature):	Phone: 530-841-2117

Facility Name:	Butte Valley Montessori	
	The marked items represent Health Code violations and must be correct	ed as follows:
Received By (Print): <b>Mari</b>	Received by (Signature): ia Rodriquez	Date: 1/31/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Butte Valley Montes	ssori	
	The marked items r	epresent Health Code violations and mus	st be corrected as follows:
Received By (Print): Mar	ia Rodriquez	Received by (Signature):	Date: 1/31/2024
REHS (Print): Alexa Ro		REHS (Signature):	Phone: 530-841-2117