



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	
Address: 610 W 3rd Street Dorris CA 96023					
Permit Holder: Butte Valley Montessori				Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid	
Phone: 530-397-2293		E-mail: bvmontessori@cot.net			
Food Safety Certified Employee: Daintry Zarzy				Expiration Date: 02/2026	
		MAJ	OUT	COS	<p>The marked items represent Health Code violations and must be corrected as follows:</p> <p>ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>SATISFACTORY AT PRESENT TIME</p>
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			
	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): Maria Rodriquez			Received by (Signature):		Date: 5/10/2024
REHS (Print): Alexa Roche			REHS (Signature):		Phone: 530-841-2117

Facility Name: Butte Valley Montessori

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

Received By (Print):

Maria Rodriquez

Received by (Signature):

Date:

5/10/2024

REHS (Print):

Alexa Roche

REHS (Signature):

Phone:

530-841-2117

Facility Name: Butte Valley Montessori

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

Received By (Print): Maria Rodriquez	Received by (Signature):	Date: 5/10/2024
-----------------------------------------	--------------------------	--------------------

REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
------------------------------	-------------------	------------------------

Facility Name: Butte Valley Montessori

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

Received By (Print): Maria Rodriquez Received by (Signature): Date: 5/10/2024

REHS (Print): Alexa Roche REHS (Signature): Phone: 530-841-2117