

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							[#] 000172			
Addres	S:	610 W 3rd Stre	eet D	orris	CA	96023				
Permit	Hol	der: Butte Valle	v Mc	ntoc	cori				Permit	To Operate:
Phone			y ivic	nies	5011		E-mail: byme		X Valid	Not Valid
		530-397-2293	0000000				bvmc	ntessori@cot.net	Everient	on Data:
F000 S	ate	ty Certified Employ	ee: [Daint	ry Za	arzy			Expirati	on Date: 02/2026
			MAJ	OUT	cos	Th	e marked items repre	sent Health Code violation	ons and must be correc	ed as follows:
Protection Time/ Temp.	1700	Food Temp.					ROUTIN	IE INSPECTION CO	NDUCTED ON THIS	DATE
	1000	Prep./ Service					SATISFACTORY AT PRESENT TIME			
	504	Storage/ Disp.								
	- 49	Frozen Food								
	5	Pure Food								
		Reused Food		2						
		Transportation								
Uten./Equip. Food Storage	_	Storage Fac. Refrig. Units	16 - 30							
	See at 100	Thermometer								
					0					
		Hazardous Mat. Spoils								
	5 7	Wash/ Sanitize			0					
		Equip. Condition								
n.Æ		Utensil Condition								
Ute	-	Storage								
	-	Handwashing		3						
yee	_	Employee Hygiene		3						
Employee		Employee Habits								
ш	100	Food Cert./ Card								
ter	21	Water								
Water	22	Cross Con.								
Waste	23	Liquid Waste								
Wa	24	Refuse								
/ermin		Rodents/ Insects		3						
Ver	26	Animal/ Fowl		3						
	27	Ventilation								
S	28	Doors								
Facilities	29	Floors								
Fac	30	Walls - Ceilings								
	31	Toilet Fac.								
		Janitorial Fac.								
		Lighting								
Misc.		Clothing - Linen								
	35	Signs								
MA	_	Misc.	I I) - Campa-ta-1			
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:										
Maria Rodriquez 10/2/2024										
REHS (Print): REHS (Signature): Alexa Roche							HS (Signature):		Phone:	530-841-2117

Facility Name: Butte Valley	y Montessori	
The mark	ed items represent Health Code violations and must be co	rrected as follows:
	·	
Received By (Print):	Received by (Signature):	Date:
Maria Rodrique		10/2/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Butte Valley Montessori	
	The marked items represent Health Code violations and must	be corrected as follows:
Received By (Print):	Received by (Signature):	Date:
Mari	ia Rodriquez	10/2/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Butte Valley Montessori	
	The marked items represent Health Code violations a	nd must be corrected as follows:
Received By (Print): Mar	Received by (Signature): ria Rodriquez	Date: 10/2/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche