



# 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: <b>Butte Valley Montessori</b>				Permit # <b>000172</b>	
Address: <b>610 W 3rd Street Dorris CA 96023</b>					
Permit Holder: <b>Butte Valley Montessori</b>				Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid	
Phone: <b>530-397-2293</b>		E-mail: <b>bvmontessori@cot.net</b>			
Food Safety Certified Employee: <b>Daintry Zarzy</b>				Expiration Date: <b>02/2026</b>	
		MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:  <div style="font-size: 1.2em; margin-top: 20px;">           ROUTINE INSPECTION CONDUCTED ON THIS DATE             SATISFACTORY AT PRESENT TIME         </div>
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): <b>Janet Andreatta</b>				Received by (Signature): _____ Date: <b>1/9/2025</b>	
REHS (Print): <b>Alexa Roche</b>				REHS (Signature): _____ Phone: <b>530-841-2117</b>	

**Facility Name:** Butte Valley Montessori

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

Received By (Print): Janet Andreatta	Received by (Signature):	Date: 1/9/2025
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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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