



# 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	
Protection Time/ Temp.	1 Food Temp.				<p style="text-align: center;">The marked items represent Health Code violations and must be corrected as follows:</p> <p style="text-align: center; font-weight: bold;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>30) Observed damaged ceiling panels and holes above the dry food storage. Maintain ceilings as to be smooth, cleanable, nonabsorbent, and durable. Repair or replace ceiling tiles within 60 days.</p>
	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		X		
	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>Maria Rodriquez</b>	Received by (Signature): _____ Date: <b>5/7/2025</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): Maria Rodriquez	Received by (Signature):	Date: 5/7/2025
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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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