Outbreak of Norovirus Gastroenteritis at a Camp in Geary County
Kansas Department of Health and Environment
Office of Surveillance and Epidemiology

Report Date
July 5, 2007

Outbreak Investigators
Leah Lambart
Jennifer Hill
Sheri Anderson
Charlie Hunt

Reported By
Leah Lambart

Introduction
On June 21, 2007 a member of the staff associated with a group of campers notified the Kansas Department of Health and Environment (KDHE) of widespread illness among campers and staff at a summer camp in Geary County hosted by the American Diabetes Association (ADA). Approximately 56 (93%) of the campers and 26 (76%) of the staff were reported ill. Vomiting and diarrhea were reported among the ill.

Staff at the KDHE initiated an outbreak investigation to determine the source of illness and implement appropriate control and prevention measures.

Background
The ADA hosted a camp for school age children with diabetes. The camp was held at Rock Springs Ranch camp located in Geary County, KS. This group of campers included students in fourth through sixth grades. The ADA coordinated volunteers to staff each cabin with adults and medical staff. There were six cabins for the children, each of which housed 10-11 children and had 5-6 staff assigned to it. The group associated with the ADA was separate from the rest of the campers at Rock Springs Ranch; however, their meals were catered and served by Rock Springs Ranch staff.
Methods

Epidemiologic Investigation
Contact information, a schedule of events and a list of campers and staff by cabin was obtained from ADA members. A survey was developed to collect information on time of arrival at camp, participation in activities and meals, onset time of illness and details of illness. The survey was administered to the ADA staff and parents of campers by email for people with email addresses and by mail for the remaining people. The survey was web-based for people who received the email. People who received the survey via the postal service had the option of completing the paper survey or going to the website to complete the survey. For the complete survey, see appendix A.

The investigators distributed a survey regarding work history, food history and clinical information to all of the workers at the Rock Springs Ranch who were not from the ADA. Both people who had become ill and those who did not were asked to complete the survey. These workers stayed in a different location than the ADA campers and staff; however, they participated in activities with the ADA campers and helped serve meals.

Cases were defined as people who became ill with vomiting or diarrhea while at camp between June 16 and 21.

Laboratory and Clinical Investigation
Staff from KDHE contacted individuals who had reported being ill while at camp and asked them to submit stool samples to their local health departments for testing at the KDHE Laboratories. Four samples from three individuals from two households were submitted.

Environmental Investigation
On June 22, inspectors from the Bureau of Consumer Health inspected the Rock Springs Ranch main kitchen, snack bar and satellite dining hall. Meals for the ADA campers were prepared at the main kitchen and brought out to the satellite dining hall.

Results

Epidemiological Investigation
The camp was attended by 65 children. In addition, there were 31 staff members from the ADA, including 7 medical staff. The Rock Springs camp had a total of 51 staff not associated with the ADA.

Questionnaires were completed by 45.3% (n=29) of the 64 ADA campers (or by a parent or guardian), 66.6% (n=16) of the 24 ADA staff and 100% (n=7) of the 7 ADA medical staff.

Questionnaires were completed by 65% (n=33) of the 51 Rock Springs camp workers. All Rock Springs staff involved in food preparation for the ADA camp completed the
Two Rock Springs staff reported becoming ill on June 20 and only having worked with the ADA group on June 19. These two workers were involved with some of the activities during the day and in serving food to the campers and staff. No other Rock Springs staff reported becoming ill. The following results do not include Rock Springs camp staff not affiliated with the ADA.

Table 1 shows the characteristics of those who got sick while at the ADA camp only and filled out the survey. People who did not complete the survey from the ADA camp are not included in this table. Of all the staff who completed the survey, cabin six had the highest percentage ill with 36% (n=4) saying they were ill while at camp. Cabin one had the highest percentage of campers ill with 60% (n=3) of respondents from that cabin saying they were ill while at camp. There were no differences in sex in those who became ill and those who did not in those who took the survey. Of all the staff who completed the survey, 25% (n=13) reported becoming ill and of all the campers who completed the survey 38% (n=20) reported becoming ill.

<table>
<thead>
<tr>
<th>Cabin Number</th>
<th>Total ADA Camp</th>
<th>ADA Staff Cases (%)</th>
<th>Camper Cases (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Surveys completed (Participants in Survey)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>49</td>
<td>26 (53)</td>
<td>6 (23)</td>
</tr>
<tr>
<td>Male</td>
<td>46</td>
<td>26 (57)</td>
<td>6 (23)</td>
</tr>
<tr>
<td>Median age</td>
<td>11.5</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>Age range</td>
<td>(9, 72)</td>
<td>(20, 72)</td>
<td>(9, 12)</td>
</tr>
<tr>
<td>1- 4th Grade Girls</td>
<td>16</td>
<td>5 (31)</td>
<td>1 (20)</td>
</tr>
<tr>
<td>2- 5th Grade Girls</td>
<td>15</td>
<td>9 (60)</td>
<td>2 (22)</td>
</tr>
<tr>
<td>4- 6th Grade Girls</td>
<td>16</td>
<td>6 (38)</td>
<td>1 (17)</td>
</tr>
<tr>
<td>6- 4th Grade Boys</td>
<td>16</td>
<td>11 (69)</td>
<td>4 (36)</td>
</tr>
<tr>
<td>7- 5th Grade Boys</td>
<td>16</td>
<td>6 (38)</td>
<td>1 (17)</td>
</tr>
<tr>
<td>8 6th Grade Boys</td>
<td>16</td>
<td>7 (44)</td>
<td>2 (29)</td>
</tr>
<tr>
<td>No answer</td>
<td>8</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>All cabins</td>
<td>95</td>
<td>52 (55)</td>
<td>13 (25)</td>
</tr>
</tbody>
</table>

*Among those completing survey.

Figure 1 is the epidemiologic curve showing, of those who completed the survey, how many people got sick and at what time during the outbreak. The most common date of onset was Wednesday, June 20, 2007. Of the people who became ill, 48% (n=16) of them became ill between noon and midnight on June 20. Thirty percent (n=10) of people became ill between midnight and noon of June 21. The median duration of illness was three days for campers and two days for staff.
Table 2 shows the numbers and percentages of symptoms reported among all those who were ill and completed surveys. The most common symptoms were nausea, vomiting and stomach cramps.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>n</th>
<th>% Among ADA ill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>29</td>
<td>94</td>
</tr>
<tr>
<td>Vomiting</td>
<td>23</td>
<td>74</td>
</tr>
<tr>
<td>Stomach Cramps</td>
<td>25</td>
<td>81</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>15</td>
<td>48</td>
</tr>
<tr>
<td>Bloody Diarrhea</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dizziness</td>
<td>11</td>
<td>35</td>
</tr>
<tr>
<td>Fever</td>
<td>14</td>
<td>45</td>
</tr>
</tbody>
</table>

**Laboratory and Clinical Investigation**

Three of the four stool samples (two individuals from different households) tested positive for norovirus – no bacterial pathogens were isolated. One of the samples was from a camper and two of the samples were from one ADA staff member. Two of the positive samples from two different people were forwarded on to the Minnesota Public Health Laboratories for further analysis; results are pending.
Environmental Investigation
Investigators from the KDHE talked with Rock Springs Ranch staff about food preparation for the ADA campers. All food was prepared at the main kitchen at Rock Springs and brought to the ADA campers in a satellite dining hall. Staff from Rock Springs helped serve the ADA campers and staff. No violations were observed during the investigation of the satellite dining hall. During inspection of the main dining hall, three critical violations and three non-critical violations were observed. The critical violations had to do with when to wash hands after touching bare body parts, hot holding of foods, and cleanliness of food contact surfaces. The violations were corrected while the inspector was on site. The inspection report is included in appendix B.

Conclusion
An outbreak of norovirus occurred among staff and campers at the ADA camp at Rock Springs Ranch. Two staff from Rock Springs also became ill. Among the ADA campers and staff who completed a survey, the attack rate was 62% (n=33). Both sexes became ill at the same rates. Cabin six appears to have had the highest percentage of ill among staff and cabin one appears to have had the highest percentage ill among campers. The outbreak appears to have been spread person to person rather than point-source (e.g. foodborne). The index case became ill on the evening of June 16, followed by an ADA staff on the evening of June 18. All the other cases became ill on June 20 and 21.

Noroviruses are the leading cause of gastroenteritis in the United States; an estimated 23 million people are infected with Norovirus every year.\(^1\) Onset of diarrhea and vomiting are common 12-48 hours after infection, and may last from 12 to 60 hours. Vomiting is more prevalent in children than adults. Transmitted primarily through the fecal-oral route, Norovirus particles may be spread through direct contact or through consuming fecally-contaminated food or water\(^1\,^2\). Results from outbreak investigations have also suggested that spread via aerosolized vomitus is possible. Because Noroviruses are highly contagious, requiring less than 100 organisms for infection, transmission may occur via hand-to-mouth activities following the handling of materials, fomites, and environmental surfaces contaminated with feces or vomitus\(^3\).

Limitations
Limitations of this study include small sample size and potential reporting bias. The investigators relied on the staff and parents of campers to complete the survey. Since 56% of people at the ADA camp completed the survey, the investigators cannot say what the overall attack rate was or if cabins one and six had the highest attack rates. The report was also limited by recall bias as information was gathered by surveys, which required staff and parents of campers to recall all activities while at camp.

Acknowledgements
The investigators of this report thank the staff and volunteer staff from the ADA, and the staff from Rock Springs for the assistance provided during this investigation. KDHE is grateful to campers, parents and ADA staff for the completion of surveys and collection of stool specimens for testing.
References
Appendix A

Kansas Department of Health and Environment
American Diabetes Association Camp Discovery
Gastrointestinal Illness Outbreak Survey

The Kansas Department of Health and Environment is investigating reports of gastrointestinal illness among campers and staff during the American Diabetes Association camp at Rock Springs. To determine the cause of illness, it is important for us to gather information from those who became ill as well as those who did not become ill. The survey will take about 5 to 10 minutes to complete. All information you provide will be strictly confidential. For parents of children under 13 years of age, please review the survey with them before completion.

Child or Staff Information
Last Name: __________________________
First Name: __________________________
If under 18 years of age, name of guardian: __________________________
Home phone: (_______)_______________
E-mail: __________________________
Date of Birth: _____/_____/______
Sex: ☐ Male  ☐ Female

Role: ☐ Camper  ☐ Staff  ☐ Medical Staff

Indicate which cabin you stayed in at Rock Springs: ☐ 1  ☐ 2  ☐ 4  ☐ 6  ☐ 7  ☐ 8

What time did you arrive on Sunday June 17, 2007? Time _____:______ ☐ a.m.  ☐ p.m.

Sunday, June 17
What activities did you do on Sunday?

Ropes ☐ Yes  ☐ No  ☐ Don’t know
Archery ☐ Yes  ☐ No  ☐ Don’t know
Rifles ☐ Yes  ☐ No  ☐ Don’t know
Nature ☐ Yes  ☐ No  ☐ Don’t know
Volleyball ☐ Yes  ☐ No  ☐ Don’t know
Basketball ☐ Yes  ☐ No  ☐ Don’t know
Swimming ☐ Yes  ☐ No  ☐ Don’t know

Did you have dinner with the group?  ☐ Yes  ☐ No  ☐ Don’t know

Did you attend the Education Scavenger Hunt?  ☐ Yes  ☐ No  ☐ Don’t know

Monday, June 18
Did you have breakfast with the group?  ☐ Yes  ☐ No  ☐ Don’t know

Did you have lunch with the group?  ☐ Yes  ☐ No  ☐ Don’t know
**What activities did you do on Monday?**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ropes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Archery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rifles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volleyball</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swimming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canoes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Did you have dinner with the group?** □ Yes □ No □ Don’t know

**Did you attend the Swim Party?** □ Yes □ No □ Don’t know

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**Tuesday, June 19**

**Did you have breakfast with the group?** □ Yes □ No □ Don’t know

**Did you have lunch with the group?** □ Yes □ No □ Don’t know

**What activities did you do on Tuesday?**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ropes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Archery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rifles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volleyball</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swimming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canoes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basketball</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Did you have dinner with the group?** □ Yes □ No □ Don’t know

**Did you attend the movie?** □ Yes □ No □ Don’t know

---

**Wednesday, June 20**

**Did you have breakfast with the group?** □ Yes □ No □ Don’t know
Did you have lunch with the group?  □ Yes  □ No  □ Don’t know

What activities did you do on Wednesday?
- Rifles  □ Yes  □ No  □ Don’t know
- Nature  □ Yes  □ No  □ Don’t know
- Swimming  □ Yes  □ No  □ Don’t know
- Horses  □ Yes  □ No  □ Don’t know
- Art  □ Yes  □ No  □ Don’t know
- Canoes  □ Yes  □ No  □ Don’t know
- Basketball  □ Yes  □ No  □ Don’t know
- Kiss a Pig  □ Yes  □ No  □ Don’t know

Did you have dinner with the group?  □ Yes  □ No  □ Don’t know

Did you attend the Skits/Awards/Camp Fire?  □ Yes  □ No  □ Don’t know

What date and time did you depart from camp?
- □ Wednesday, June 20
- □ Thursday, June 21
- □ Other  Date _____/_____/_____
  MM DD YYYY  Time _____:_____
  □ a.m. □ p.m.

Did you become ill while at the camp?  □ Yes → If yes, please answer a few questions about your illness.
- □ No → If no, please go to the end of the page.
- □ Don’t know

When did you start feeling ill?  Date _____/_____/_____
  MM DD YYYY  Time _____:_____
  □ a.m. □ p.m.

What was your first symptom?
______________________________________________

______________________________________________
Did you have any of the following symptoms?

- Nausea?
  - Yes
  - No
  - Don’t know

- Vomiting?
  - Yes
  - No
  - Don’t know

- Stomach cramps?
  - Yes
  - No
  - Don’t know

- Diarrhea?
  - Yes
  - No
  - Don’t know

  (more than 3 loose stools in a 24 hour period)

  If yes, number of stools in 24 hours? ________________

- Bloody diarrhea?
  - Yes
  - No
  - Don’t know

- Dizziness?
  - Yes
  - No
  - Don’t know

- Fever?
  - Yes
  - No
  - Don’t know

  If yes, highest temperature? ________ °F

Please list any other symptoms: _______________________________________________

Were you taking antibiotics for any reason before you became ill? 
  - Yes
  - No

Did you see a doctor or other healthcare professional for this illness? 
  - Yes
  - No

  If yes, provide name and phone number: _______________________________________

Were you hospitalized? 
  - Yes
  - No

  If yes, where? _____________________________________________________________

Was a stool specimen collected? 
  - Yes
  - No

Are you still ill? 
  - Yes
  - No

  If no, when did you recover? Date _____/_____/______ Time _____:______ a.m. p.m.
Has anyone else in your household been ill with nausea, vomiting, or diarrhea after you returned from the American Diabetes Association Rock Springs Camp?

☐ Yes  ☐ No

If yes, relationship:_________________________ Date illness began: __/____/____

                      MM   DD   YYYY

If yes, relationship:_________________________ Date illness began: __/____/____

                      MM   DD   YYYY

**Do you have other comments or information you would like to share?**

_______________________________________________________________________________________

_______________________________________________________________________________________

*Thank you for completing the survey.*
## Appendix B

### Kansas Department of Health and Environment
Food Service Establishment Inspection Report

**Inspector:** George 16483 200 04

**Establishment:** 202 Spring Ranch Williams, Owner

**Address:** 5405 W Hwy K-157 City Junction City, KS

**County:** 04

**Imp Date:** 1/28/04

**Time In:** 9:30

**Time Out:** 12:00

**Travel Time:** 20 min.

#### Compliance Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Code</th>
<th>Ref</th>
<th>COS</th>
<th>Potentially Hazardous Food Time &amp; Temp</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y N NO N/A</td>
<td>Y N</td>
<td>1. Cooling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y N NO N/A</td>
<td>Y N</td>
<td>2. Cold Hold (41 F / 45 F)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y N NO N/A</td>
<td>Y N</td>
<td>3. Hot Hold (140 F) cooked beef in hot holder = 133 F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y N NO N/A</td>
<td>Y N</td>
<td>4. Proper Cooking Temp PHF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y N NO N/A</td>
<td>Y N</td>
<td>5. Reheating for Hot Holding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y N NO N/A</td>
<td>Y N</td>
<td>6. Date Marking—PHF</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Y N NO N/A</td>
<td>Y N</td>
<td>7. Date Marking Disposition</td>
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</table>

#### Food/Location

<table>
<thead>
<tr>
<th>Temp °F</th>
<th>Amb't Air</th>
</tr>
</thead>
<tbody>
<tr>
<td>36 F</td>
<td></td>
</tr>
<tr>
<td>39 F</td>
<td></td>
</tr>
<tr>
<td>48 F</td>
<td></td>
</tr>
<tr>
<td>39 F</td>
<td></td>
</tr>
<tr>
<td>133 F</td>
<td></td>
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</tbody>
</table>

#### Personnel/Handling/Source/Records

<table>
<thead>
<tr>
<th>Status</th>
<th>Code</th>
<th>Ref</th>
<th>COS</th>
<th>Personnel/Handling/Source/Records</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y N</td>
<td>Y N</td>
<td>8. Personnel Restricted/Excluded/Reporting</td>
<td>(2 employees told to stay away)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y N</td>
<td>Y N</td>
<td>9. Discharge from eyes, nose and mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y N NO</td>
<td>Y N</td>
<td>10. Demonstration of Knowledge</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Y N NO</td>
<td>Y N</td>
<td>11. Handwashing When</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y N NO</td>
<td>Y N</td>
<td>12. No Bare hand / RTS Foods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y N</td>
<td>Y N</td>
<td>13. Personnel Practices (Eating / Drinking / Smoking)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y N</td>
<td>Y N</td>
<td>14. Adulteration / Sound Condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y N NO</td>
<td>Y N</td>
<td>15. Discard Adulturated Foods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y N NO</td>
<td>Y N</td>
<td>16. Food Source / Food Law</td>
<td></td>
<td></td>
<td></td>
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**Distribution:** Department Copy - White

Establishment Copy - Pink

Inspector Copy - Yellow

Page 12 of 21
### Facility & Equipment Requirements/Good Retail Practices (GRP)

<table>
<thead>
<tr>
<th>Compliance Status</th>
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<th>Code Ref</th>
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<tr>
<td>N</td>
<td>3-304.11</td>
<td>35. Personal Cleanliness</td>
<td>N</td>
</tr>
<tr>
<td>N</td>
<td>3-304.12</td>
<td>40. In Use / Between Use Utensils Storage</td>
<td>N</td>
</tr>
<tr>
<td>N</td>
<td>3-304.14</td>
<td>41. Wiping Cloths</td>
<td>N</td>
</tr>
<tr>
<td>N</td>
<td>3-304.15</td>
<td>42. Cleaning</td>
<td>N</td>
</tr>
<tr>
<td>N</td>
<td>3-401.13</td>
<td>43. Plate Food Cooking</td>
<td>N</td>
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<tr>
<td>N</td>
<td>3-501.13</td>
<td>44. Freezing</td>
<td>N</td>
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<td>N</td>
<td>4-302.12</td>
<td>45. Food Temp / Measuring Device</td>
<td>N</td>
</tr>
<tr>
<td>N</td>
<td>4-304.11C</td>
<td>47. Non Food Contact Surfaces Clean</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Good Retail Practices (GRP)

- **22. Pasteurized Foods / Susceptible Populaton**
- **23. Additives / Unapproved**
- **24. Insect / Rodent-Prevent / Infestation**
- **25. Potable Water**
- **26. Handwash Sink: No / Loe / Ace**
- **27. Food Contact Surfaces Clean**
- **28. Food Contact Surfaces Sanitized**
- **29. Adequate Warewashing Facilities**
- **30. Manual Warewashing / Sanitizing ( ) not set up**
- **31. Mechanical Warewashing / Sanitizing ( ) not set up**
- **32. Toilets Stored**
- **33. Toxic Items Labeled / Used**
- **34. Adequate Sewage / Disposal System**
- **35. Toilet Facilities**
- **36. Back/Down / Airgap**
- **37. Consumer Advisory**
- **38. Approved Systems (HACCP / Time as PHC)**

---

**Distribution:**
- Department Copy – White
- Establishment Copy – Pink
- Inspector Copy – Yellow
Date: 1/22/02  EM: Bask Springs Ranch Williams Dairy Co. Tucker City Co.  TDI 11483

Status or Item # | R | Code Ref | COS | Other Violations (Con't) | Violations Required Correction as Indicated | Observation

Inspector Comments / Corrections

See attached employee work logs and menu for past week 2 staff at washing with illness symptoms beginning Wednesday 1/20/02 PM (Jo Hetrick and Ennh Hinte). These two were not at the Williams Dining Center at all in the past week. Staff surveys given (Epi surveys), group surveys prepared here were sent to washing. No Williams employees have called in sick or have complained of illness.

COMPLIANCE ACTION
NONC Issued Y
Administrative Review Y
RCP Recommended Y
Voluntary Closure Y
Voluntary Destruction

HANDOUT NUMBERS 19, 42, 145, 15, 32

EDUCATION/TRAINING

Licensing Information Only
(Initial of Requirements are met)

Complete App Y N
Inspector
District Mgr.
New Facility Y N
Plan Reviewed Y N
In Operation Y N
Operation Begins

Cash
Discover Card

Inspector (Signature) Janel Pitts (Print) Janel Pitts

Person In Charge (Signature) M. Spahn (Print) M. Spahn

Distribution: Department Copy - White Establishment Copy - Pink Inspector Copy - Yellow
COMPLAINT INVESTIGATION REPORT
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF CONSUMER HEALTH
FOOD SAFETY & CONSUMER PROTECTION

Establishment Name: Rock Springs Ranch Williams Dining Hall
Est ID #: 16483
Type: 200

Date Received: 6/21/07  Received By: LTilts
Occurrence Date: 6/19/07  Occurrence Time: Varies

Complainant:  Phone: ()  Email:  

Please check one major complaint type:
☐ 1 Alleged Foodborne Illness / Outbreak (see below)
☐ 2 Personal Health / Hygiene
☐ 3 Food Source (sound condition; spoilage; approved
☐ 4 Labelling /Expiration
☐ 5 Food Protection (temperatures)
☐ 6 Water / Plumbing Sewage
☐ 7 General Sanitation
☐ 8 Insect, Rodent, Animal
☐ 9 Other

COMPLAINANT'S CONCERN:
Epidemiology suspects Norovirus outbreak in a group of about 60 campers and staff. Unknown number of households ill. The camp prepared the food and brought it to the campers.

Alleged Foodborne illness:
Symptoms (✓ All that Apply): ☐ Vomiting  ☐ Diarrhea  ☐ Nausea  ☐ Abdominal Cramps  ☐ Fever  ☐ Other

Date of Illness Onset: 6/19/07  Time:  # Persons Ill: 0  # Persons Served: 60  # Households involved: 0

Doctor Visited?: U  Hospitalizations?: U  Stool sample taken?: U  Food samples available?: Y

Food/Beverage Eaten:  See Menu

Any other commonalities/meals shared?: U  If yes, which meal(s):  

INSPECTOR COMMENTS:
Two ill food service workers at WaShunga Dining Hall, however their symptoms began on Wednesday evening 6/20 after they came into contact with this group during morning activities. I do observe one handwashing violation at Williams Dining Hall. Rock Springs staff indicated that the first complaints of illness at the Diabetes Camp were reported Sunday evening 6/17. From these indicators, it seems to me like this camp brought the illness with them and spread it while staying in close quarters, but of course, until I hear from Epi, I can not be sure.

Date Worked: 6/22/07  VALID:  INVALID:  UNDETERMINED:  X

Date Complainant Notified:  Via: Letter/email (copy attached)  Phone  Other

ORIGINAL INSPECTION REPORT & COMPLAINT REPORT FORMS TO TOPEKA OFFICE
VOLUNTARY DESTRUCTION

Date: June 22, 2007
Junction City, Kansas

I have this day voluntarily destroyed, or caused to be destroyed, the merchandise described below. Said merchandise found in my possession is unfit for human consumption, misbranded, or otherwise unlawful. Destruction and final disposition of said merchandise has been done in a manner approved by W. J. Pitts, Inspector, representative of the Kansas Department of Health and Environment.

I hereby release the Kansas Department of Health and Environment, and its members, agents, and representatives from any and all liability.

<table>
<thead>
<tr>
<th>TOTAL QUANTITY OR TOTAL WEIGHT</th>
<th>TOTAL DOLLAR AMOUNT</th>
<th>DESCRIPTION OF ARTICLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 piece</td>
<td></td>
<td>baked chicken</td>
</tr>
</tbody>
</table>

Reason destroyed: I took part of it for a sample

Method destroyed: dumped
Location: Kitchen trash

Establishment Name: Joe's Fish and Chips
5405 W. Hunn, Junction City, KS 66441

Embargo: No

Inspector, Department of Health and Environment
Original - KDHE Topeka
PHOTOGRAPh DOCUMENTATION FORM

Facility: Rock Springs Ranch Williams Dining Hall  
Address: 5405 W Hwy K-157  
City: Junction City

License/ID#: 16483  
Inspection Date: 6/22/07  
Inspector: GE06

DIGITAL: [X]  (Photos were not altered except to change the size of the file)

3.5 x 5 Photo # 1

Violation Description
4-601.11A Can opener blade soiled with dried on Food Debris

3.5 x 5 Photo #

Violation Description
**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**

**Food Service Establishment Inspection Report**

**Inspector:** GEO 16482 220 04

**Type:** 200

**Purpose:** 04

**RAC:** 2 3

---

**Establishment:** Wa Shunga Dining Hall

**Owner:** Kansas 4-H Foundation

**Address:** 5405 W 116th K-157

**City:** Junction City

**County:** Ge

**Zip:** 66441

**Phone:** 785 236-3318

---

<table>
<thead>
<tr>
<th>Compliance Status</th>
<th>R</th>
<th>Code Ref</th>
<th>COS</th>
<th>Potentially Hazardous Food Time &amp; Temp Violations Require Immediate Corrective Action</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y N</td>
<td></td>
<td>G0/NA</td>
<td>Y N</td>
<td>1. Cooling</td>
<td></td>
</tr>
<tr>
<td>Y N</td>
<td></td>
<td>G0/NA</td>
<td>Y N</td>
<td>2. Cold Hold (41 F / 45 F)</td>
<td></td>
</tr>
<tr>
<td>Y N</td>
<td></td>
<td>G0/NA</td>
<td>Y N</td>
<td>3. Hot Hold (140 F)</td>
<td></td>
</tr>
<tr>
<td>Y N</td>
<td></td>
<td>G0/NA</td>
<td>Y N</td>
<td>4. Proper Cooking Temp PHF</td>
<td>RECEIVED</td>
</tr>
<tr>
<td>Y N</td>
<td></td>
<td>G0/NA</td>
<td>Y N</td>
<td>5. Reheating for Hot Holding</td>
<td>JUN 2 &amp; 2007</td>
</tr>
<tr>
<td>Y N</td>
<td></td>
<td>G0/NA</td>
<td>Y N</td>
<td>6. Date Marking—PHF</td>
<td></td>
</tr>
<tr>
<td>Y N</td>
<td></td>
<td>G0/NA</td>
<td>Y N</td>
<td>7. Date Marking Disposition</td>
<td></td>
</tr>
</tbody>
</table>

---

**Food/Location**

<table>
<thead>
<tr>
<th>Temp °F</th>
<th>Amb'l Air</th>
<th>Food/Location</th>
<th>Temp °F</th>
<th>Amb'l Air</th>
<th>Food/Location</th>
<th>Temp °F</th>
<th>Amb'l Air</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

---

**Compliance Status**

<table>
<thead>
<tr>
<th>R</th>
<th>Code Ref</th>
<th>COS</th>
<th>Personnel/Handling/Source/Records Violations Require Immediate Corrective Action (as directed)</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td>Y N</td>
<td>8. Personnel Restricted / Excluded / Reporting</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Y N</td>
<td>9. Discharge from eyes, nose and mouth</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>NO</td>
<td>Y N</td>
<td>10. Demonstration of Knowledge</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Y N</td>
<td>11. Handwashing-When (Quality inspection only)</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Y N</td>
<td>12. No Bare hand / RTE Foods</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Y N</td>
<td>13. Personnel Practices (Eating / Drinking / Smoking)</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Y N</td>
<td>14. Alteration / Sound Condition</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>NO</td>
<td>Y N</td>
<td>15. Discard Adulterated Foods</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>NO</td>
<td>Y N</td>
<td>16. Food Source / Food Law</td>
<td></td>
</tr>
</tbody>
</table>

---

**Distribution:**

- Department Copy – White
- Establishment Copy – Pink
- Inspector Copy – Yellow
<table>
<thead>
<tr>
<th>Compliance Status</th>
<th>R</th>
<th>Code Ref</th>
<th>COS</th>
<th>Facility &amp; Equipment Requirements/Good Retail Practices (GRP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>17. Cross-Contamination Raw &amp; RTE Foods</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>18. Water Capacity / Hot &amp; Cold</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>N</td>
<td>19. Water Quality / Treatments</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>N</td>
<td>20. Receiving Temp / Condition</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>N</td>
<td>21. Recieves tags, HACCP plans, processing, labeling</td>
<td></td>
</tr>
</tbody>
</table>

**Observation:**

```
4. No Test Equipment
```

---

**Good Retail Practices (GRP):**

GRP's are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. See page 3 for comments.

<table>
<thead>
<tr>
<th>Compliance Status</th>
<th>R</th>
<th>Code Ref</th>
<th>COS</th>
<th>Compliance Status</th>
<th>R</th>
<th>Code Ref</th>
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<th>GRP</th>
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<tbody>
<tr>
<td>N</td>
<td>N</td>
<td>2.304.11</td>
<td>N</td>
<td>39. Personal Cleanliness</td>
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<td></td>
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<tr>
<td>N</td>
<td>N</td>
<td>3.304.12</td>
<td>N</td>
<td>40. In-Use / Between-Use Utensils Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>3.304.14</td>
<td>N</td>
<td>41. Wiping Cloths</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>3.304.15</td>
<td>N</td>
<td>42. Gloves-Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>N</td>
<td>N</td>
<td>3.403.13</td>
<td>N</td>
<td>43. Plant Food Contact</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>3.503.13</td>
<td>N</td>
<td>44. Thawing</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>N</td>
<td>N</td>
<td>4.003.12</td>
<td>N</td>
<td>45. Food Temp Measuring Device</td>
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<tr>
<td>N</td>
<td>N</td>
<td>4.003.14</td>
<td>N</td>
<td>46. Sanitizer Test Strips</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>4.403.11</td>
<td>N</td>
<td>47. Non Food Contact Surfaces Clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Distribution:**

Department Copy - White
Establishment Copy - Pink
Inspector Copy - Yellow

Page 2
Date: 4/22/02 Est: Waslachers Dining Hall  City/County: Jackson City/Co. TD# 16482

**Comment:**

2 employees who became ill on Wednesday came in contact with this group during horse back riding and rifle range activities.

Inspector Comments/Corrections

No meals are served out of Waslachers Hall today. Spoke with Aaron (Manager of Waslachers facility). He described problems of service and 2 employees who had not been feeling well. Spoke with both employees. They became ill on Wednesday pm with vomiting, diarrhea and cramps and headache. Both feel well today. Group of ill campers brought some of their own snacks/desserts which neither staff nor facility handled at all. Please see attached menu and employee report on surveys from all staff who worked at facilities Sunday through Thursday.

**COMPLIANCE ACTION**

<table>
<thead>
<tr>
<th>NONC Issued</th>
<th>Administrative Review</th>
<th>RCP Recommended</th>
<th>Voluntary Closure</th>
<th>Voluntary Destruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

**HANDOUT NUMBERS**

47 45 15 11 38

**EDUCATION/TRAINING**

Y 85

**Licensing Information Only**

<table>
<thead>
<tr>
<th>Complete App</th>
<th>Y N</th>
<th>Leg Application</th>
<th>Y N</th>
<th>Total Amount Due</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspector</td>
<td></td>
<td>District Mgr</td>
<td></td>
<td>Fees Collected</td>
<td></td>
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<tr>
<td>New Facility</td>
<td>Y N</td>
<td>Plan Reviewed</td>
<td>Y N</td>
<td>Method of Payment:</td>
<td></td>
</tr>
<tr>
<td>In Operation</td>
<td>Y N</td>
<td>Operation Begins</td>
<td></td>
<td>Check #_________</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cash</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Discover Card</td>
<td></td>
</tr>
</tbody>
</table>

Inspector (Signature)  Joelle Pitts  (Print)  M. Spohn  (Print)

Person In Charge (Signature)  [Signature]  (Print)  [Signature]  (Print)

Distribution:  Department Copy - White  Establishment Copy - Pink  Inspector Copy - Yellow
COMPLAINT INVESTIGATION REPORT
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF CONSUMER HEALTH
FOOD SAFETY & CONSUMER PROTECTION

Establishment Name: Wa Shunga Dining Hall
Est ID #: 16482
Type: 200

Date Received: 6/21/07  Received By: L'Tilos
Occurrence Date: 6/19/07
Occurrence Time: Varies

Complainant: [Redacted]
Phone:   Email:  

Please check one major complaint type:
1. Alleged Foodborne Illness / Outbreak (see below)
2. Personal Health / Hygiene
3. Food Source (contaminated, spoilage, approved)
4. Labeling / Expired

□ 5. Food Protection (temperatures)
□ 6. Water / Plumbing Sewage
□ 7. General Sanitation
□ 8. Insect, Rodent, Animal
□ 9. Other

COMPLAINANT'S CONCERN:
Epidemiology suspects Norovirus outbreak in a group of about 60 campers and staff. Unknown number of households ill. The camp prepared the food and brought it to the campers.

Alleged Foodborne Illness:
Symptoms (✓ All that Apply):  □ Vomiting  □ Diarrhea  □ Nausea  □ Abdominal Cramps  □ Fever  □ Other

Date of Illness Onset: 6/19/07
Time: ___________ # Persons Ill: 0
# Persons Served: 60
# Households Involved: 0

Doctor Visited?: U
Hospitalizations?: U
Stool sample taken?: U
Food sample available?: Y

Food/Beverage Eaten: See Menu
Any other comments/meals shared?: U
If yes, which meal(s): ___

INSPECTOR COMMENTS:
Two ill food service workers at WaShunga Dining Hall, however their symptoms began on Wednesday evening 6/20 after they came into contact with this group during morning activities. I did observe one handwashing violation at Williams Dining Hall. Rock Springs staff indicated that the first complaints of illness at the Diabetes Camp were reported Sunday evening 6/17. From these indicators, it seems to me like this camp brought the illness with them and spread it while staying in close quarters, but of course, until I hear from Dr. I can not be sure.

Date Worked: 6/22/07
VALID: ___  INVALID: ___  UNDETERMINED: X

Date Complainant Notified: ________ Via: Letter/email (copy attached) Phone Other

ORIGINAL INSPECTION REPORT & COMPLAINT REPORT FORMS TO TOPEKA OFFICE

Bureau of Consumer Health 1000 SW Jackson, Ste 339 Topeka, KS 66612 (785) 296-5600

Revised 11/06