



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

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Reported By

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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

survey. 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 1. Characteristics of Cases				
	Total ADA Camp	Surveys completed (% Participating in Survey)	ADA Staff Cases (%)*	Camper Cases (%)*
Female	49	26 (53)	6 (23)	10 (38)
Male	46	26 (57)	6 (23)	10 (38)
Median age	-	11.5	22	11
Age range	-	(9, 72)	(20, 72)	(9, 12)
Cabin Number				
1- 4 th Grade Girls	16	5 (31)	1 (20)	3 (60)
2- 5 th Grade Girls	15	9 (60)	2 (22)	5 (56)
4- 6 th Grade Girls	16	6 (38)	1 (17)	2 (33)
6- 4 th Grade Boys	16	11 (69)	4 (36)	6 (55)
7- 5 th Grade Boys	16	6 (38)	1 (17)	1 (17)
8 6 th Grade Boys	16	7 (44)	2 (29)	3 (43)
No answer		8	2	1
All cabins	95	52 (55)	13 (25)	20 (38)

*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.

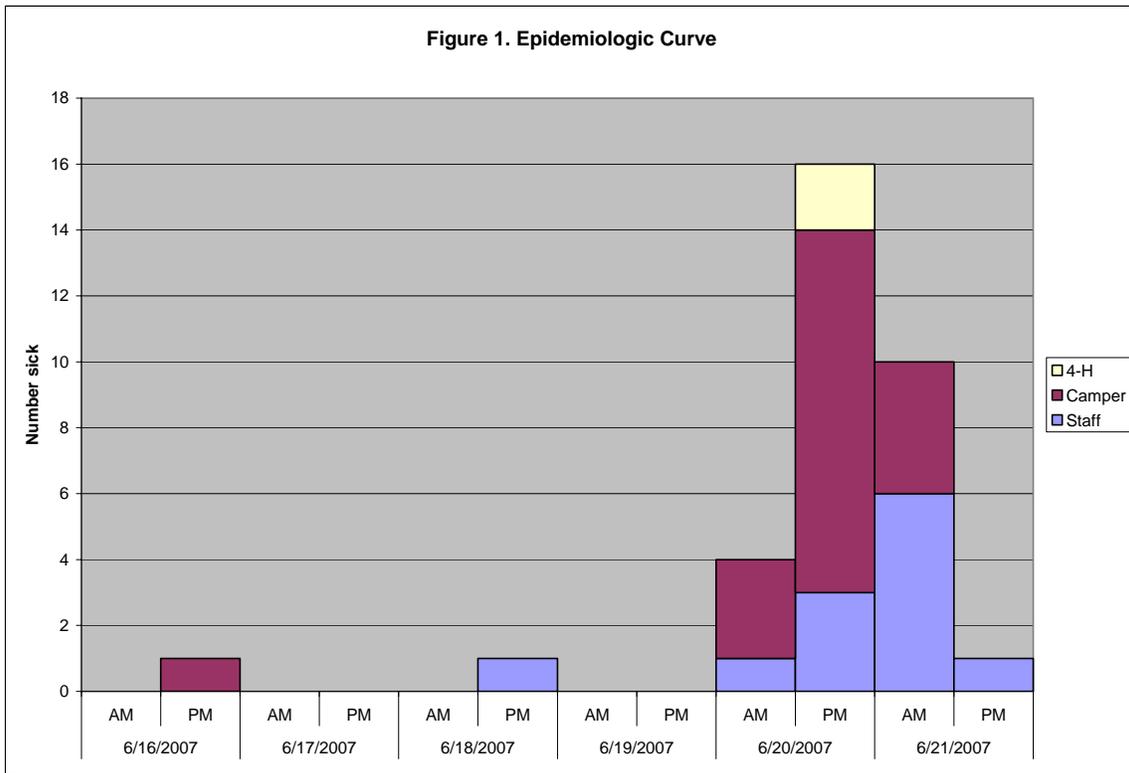


Table 2 shows the numbers and percentages of symptoms reported among all those who were ill and completed surveys. The most common symptoms were nausea, vomiting and stomach cramps.

Symptom	n	% Among ADA ill
Nausea	29	94
Vomiting	23	74
Stomach Cramps	25	81
Diarrhea	15	48
Bloody Diarrhea	0	0
Dizziness	11	35
Fever	14	45

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.¹⁻³ 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 water¹⁻². 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 vomitus³.

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

1. Mead PS, Slutsker L, Dietz V, et al. Food-related illness and death in the United States. *Emerg Infect Dis* 1999;5:607--25.
2. Fankhauser RL, Monroe SS, Noel JS, et al. Epidemiologic and molecular trends of "Norwalk-like viruses" associated with outbreaks of gastroenteritis in the United States. *J Infect Dis* 2002;186:1--7.
3. Turcios RM, Widdowson MA, Sulka AC, Mead PS, Glass RI. Reevaluation of epidemiological criteria for identifying outbreaks of acute gastroenteritis due to norovirus: United States, 1998--2000. *Clin Infect Dis* 2006;42:964--9.
4. <http://www.cdc.gov/ncidod/hip/gastro/norovirus.htm>

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
MM DD YYYY

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Archery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Rifles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Nature	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Volleyball	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Basketball	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Swimming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?

- | | | | |
|------------|------------------------------|-----------------------------|-------------------------------------|
| Ropes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Archery | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Rifles | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Nature | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Volleyball | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Swimming | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Horses | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Art | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Education | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Canoes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

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

Did you attend the Swim Party? Yes No Don't know

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?

- | | | | |
|------------|------------------------------|-----------------------------|-------------------------------------|
| Ropes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Archery | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Rifles | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Nature | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Volleyball | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Swimming | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Horses | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Art | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Education | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Canoes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Basketball | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

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 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.
MM DD YYYY

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

Form 806

of Critical Violations _____
Re-inspection Required Y N
Re-inspection Date _____

Insp. Date: 6/22/07
Time In: 9:30
Time Out: 12:00
Travel Time 20 Min.

Inspector # GE06 ID# 16483 Type 200 Purpose 04 RAC: 1
2
3
Establishment: Rock Springs Ranch Williams Springs Owner: Kansas 4-H Foundation
Address: 5405 W. Hwy K-157 City: Junction City KS
County: GE Zip: 66441 Phone: (785) 257-3375

Compliance Status	R	Code Ref	COS	Potentially Hazardous Food Time & Temp Violations Require Immediate Corrective Action	Observation
Y N <input checked="" type="checkbox"/> N/A			Y N	1. Cooling	
<input checked="" type="checkbox"/> N N/O N/A			Y N	2. Cold Hold (41 F / 45 F)	
Y <input checked="" type="checkbox"/> N N/O N/A		<u>3-501.14A</u>	<input checked="" type="checkbox"/> Y N	3. Hot Hold (140 F)	<u>cooked beef in hot holder = 133°F, had</u>
Y N <input checked="" type="checkbox"/> N/A			Y N	4. Proper Cooking Temp PHF	
Y N <input checked="" type="checkbox"/> N/A			Y N	5. Reheating for Hot Holding	
<input checked="" type="checkbox"/> N N/O N/A			Y N	6. Date Marking--PHF	<u>JUN 29 2007</u>
Y N <input checked="" type="checkbox"/> N/A			Y N	7. Date Marking Disposition	<u>Bureau of Consumer Protection</u>
<u>3 continue</u>				<u>been out for cutting.</u>	

Food/Location	Temp °F	Amb't Air	Food/Location	Temp °F	Amb't Air	Food/Location	Temp °F	Amb't Air
<u>cottage cheese/wsc</u>	<u>35°F</u>							
<u>milk/wsc "moo"</u>	<u>39°F</u>							
<u>Baked chicken/wsc</u>	<u>40°F</u>							
<u>Hamburgers/wsc</u>	<u>39°F</u>							
<u>Beef Hot Holder</u>	<u>133°F</u>							

Compliance Status	R	Code Ref	COS	Personnel/Handling/Source/Records Violations Require Immediate Corrective Action (or as directed)	Observation
<input checked="" type="checkbox"/> N			Y N	8. Personnel Restricted / Excluded / Reporting	<u>(2 employees told to stay home)</u>
<input checked="" type="checkbox"/> N			Y N	9. Discharge from eyes, nose and mouth	
<input checked="" type="checkbox"/> N N/O			Y N	10. Demonstration of Knowledge	
Y <input checked="" type="checkbox"/> N		<u>2-301.14A</u>	<input checked="" type="checkbox"/> Y N	11. Handwashing-When	<u>Employee (Erin G.) touched hair/face and</u>
<input checked="" type="checkbox"/> N N/O			Y N	12. No Bare hand / RTE Foods	
<input checked="" type="checkbox"/> N			Y N	13. Personnel Practices (Eating / Drinking / Smoking)	
<input checked="" type="checkbox"/> N			Y N	14. Adulteration / Sound Condition	
Y N <input checked="" type="checkbox"/> N/O			Y N	15. Discard Adulterated Foods	
<input checked="" type="checkbox"/> N			Y N	16. Food Source / Food Law	
<u>11 continue</u>				<u>clothing/shirt then touched condiment packages and coffee</u>	
<u>11 continue</u>				<u>filters</u>	

Date: 6/22/07 Est.: Rock Springs Ranch Williams Dining City/Co Junction City/Co ID# 116483

Y N N/O N/A		Y N	17. Cross-Contamination Raw & RTE Foods
Y N		Y N	18. Water-Capacity / Hot & Cold
Y N		Y N	19. Water-Under Pressure / Fixtures
Y N N/O N/A		Y N	20. Receiving Temp / Condition
Y N N/A		Y N	21. Records-- tags, HACCP plans, processing, labeling

Compliance Status	R	Code Ref	COS	Facility & Equipment Requirements/Good Retail Practices (GRP) Violations Require Immediate Corrective Action (or as directed)	Observation
Y N N/O N/A			Y N	22. Pasteurized Foods / Susceptible Population	
Y N N/A			Y N	23. Additives / Unapproved	
Y N			Y N	24. Insect / Rodent-Presence / Infestation	
Y N N/O N/A			Y N	25. Potable Water	
Y N			Y N	26. Handwash Sink: No. / Loc / Acc	
Y N		4-601.11A	Y N	27. Food Contact Surfaces Clean	can opener blade soiled with dried
Y N N/O N/A			Y N	28. Food Contact Surfaces Sanitized	
Y N			Y N	29. Adequate Warewashing Facilities	
Y N N/A N/O			Y N	30. Manual Warewashing / Sanitizing () ppm/temp	(3) not set up
Y N N/A			Y N	31. Mechanical Warewashing / Sanitizing (60) ppm/temp	(2nd try)
Y N			Y N	32. Toxic Items Stored	
Y N			Y N	33. Toxic Items Labeled / Used	
Y N			Y N	34. Adequate Sewage / Disposal System	
Y N			Y N	35. Toilet Facilities	
Y N			Y N	36. Backflow / Airgap	
Y N N/A			Y N	37. Consumer Advisory	
Y N N/A			Y N	38. Approved Systems (HACCP / Time as PHC)	
27 cont.				on food debris	

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.

Compliance Status	R	COS	Code Ref	GRP	Compliance Status	R	COS	Code Ref	GRP
Y N			2-304.11	39. Personal Cleanliness	Y N			4-602.13	48. Non-Food Contact Surfaces Clean Frequency
Y N			3-304.12	40. In-Use / Between-Use Utensils Storage	Y N			5-501.15	49. Outside Receptacles
Y N N/O N/A			3-304.14	41. Wiping Cloths <i>Open cl</i>	Y N N/O N/A			6-202.13	50. Insect Control Devices
Y N N/O N/A			3-304.15	42. Glove-Use	Y N			6-301.11	51. Soap Availability
Y N N/O N/A			3-401.13	43. Plant Food Cooking	Y N			6-301.12	52. Hand Drying Provisions
Y N N/O N/A			3-501.13	44. Thawing	Y N			6-501.11	53. Physical Facility Condition
Y N			4-302.12	45. Food Temp Measuring Device	Y N			6-501.12	54. Cleaning Frequency
Y N N/A			4-302.14	46. Sanitizer Test Strips <i>bucket</i>	Y N N/O N/A			6-501.112	55. Removing Dead Pests
Y N			4-601.11C	47. Non Food Contact Surfaces Clean	Y N			8-304.11	56. Current License Displayed <i>file for public view</i>



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF CONSUMER HEALTH
FOOD PROTECTION & CONSUMER SAFETY



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 was unfit for human consumption, misbranded, or otherwise unlawful. Destruction and final disposition of said merchandise has been done in a manner approved by Joelle 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.

TOTAL QUANTITY OR TOTAL WEIGHT	TOTAL DOLLAR AMOUNT	DESCRIPTION OF ARTICLES
1 piece		baked chicken

Reason destroyed: I took part of it for a sample

Method destroyed: dumped

Location: Kitchen trash

Rock Springs Ranch Williams Dining
Establishment Name / Firm Name
5405 W. Hwy K 157
Address / Location
Junction City KS 66441
City, State, Zip Code

16483 200
Establishment ID # & Type
[Signature]
Signature
Administrator
Title

Embargo: Yes # _____
 No

[Signature]
Inspector, Department of Health and Environment
Original-KDHE Topeka

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF CONSUMER HEALTH
FOOD PROTECTION AND CONSUMER SAFETY

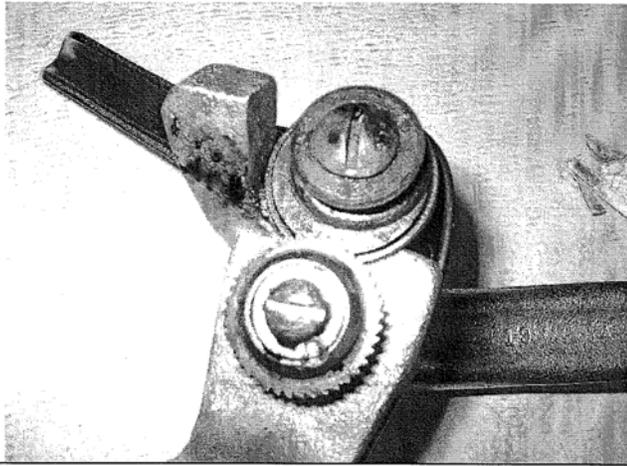
PHOTOGRAPH DOCUMENTATION FORM

Facility: Rock Springs Ranch Williams Dining Hall License/ID#: 16483
Address: 5405 W Hwy K-157 Inspection Date: 6/22/07
City: Junction City Inspector: GE06

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

35MM:

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

JM
FPCS Form 806

Insp. Date: 6/22/07
Time In: 11:00am
Time Out: 12:30pm
Travel Time 20 Min.

Inspector # GE06 ID# 16482 Type 200 Purpose 04
RAC: 1 2 3

of Critical Violations
Re-inspection Required Y N
Re-inspection Date _____

Establishment WA Shonga Dining Hall Owner: Kansas 4-H Foundation
Address: 5405 W. Hwy K-757 City: Junction City KS
County: GE Zip: 66441 Phone: 985 257-3318

Compliance Status	R	Code Ref	COS	Potentially Hazardous Food Time & Temp Violations Require Immediate Corrective Action	Observation
Y N <u>(N/O)</u> N/A			Y N	1. Cooling	
Y N <u>(N/O)</u> N/A			Y N	2. Cold Hold (41 F / 45 F)	
Y N <u>(N/O)</u> N/A			Y N	3. Hot Hold (140 F)	
Y N <u>(N/O)</u> N/A			Y N	4. Proper Cooking Temp PHF	RECEIVED
Y N <u>(N/O)</u> N/A			Y N	5. Reheating for Hot Holding	JUN 29 2007
Y N <u>(N/O)</u> N/A			Y N	6. Date Marking---PHF	INSPECTED BY 6/22/07
Y N <u>(N/O)</u> N/A			Y N	7. Date Marking Disposition	

Food/Location	Temp °F	Amb't Air	Food/Location	Temp °F	Amb't Air	Food/Location	Temp °F	Amb't Air
<u>Everything comes from Williams</u>								

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

Date: 6/22/07 Est.: Wa Shonga Dining Hall City/Co. Junction City / OE ID# 16482

Y N N/O N/A		Y N	17. Cross-Contamination Raw & RTE Foods
Y N		Y N	18. Water-Capacity / Hot & Cold
Y N		Y N	19. Water-Under Pressure / Fixtures
Y N N/O N/A		Y N	20. Receiving Temp / Condition
Y N N/A		Y N	21. Records-- tags, HACCP plans, processing, labeling

Compliance Status	R	Code Ref	COS	Facility & Equipment Requirements/Good Retail Practices (GRP) Violations Require Immediate Corrective Action (or as directed)	Observation
Y N N/O N/A			Y N	22. Pasteurized Foods / Susceptible Population	
Y N N/A			Y N	23. Additives / Unapproved	
Y N			Y N	24. Insect / Rodent-Presence / Infestation	
Y N N/O N/A			Y N	25. Potable Water	
Y N			Y N	26. Handwash Sink: No. / Loc / Acc	
Y N			Y N	27. Food Contact Surfaces Clean	
Y N N/O N/A			Y N	28. Food Contact Surfaces Sanitized	
Y N			Y N	29. Adequate Warewashing Facilities	
Y N N/A N/A			Y N	30. Manual Warewashing / Sanitizing () ppm/temp	
Y N N/A N/A			Y N	31. Mechanical Warewashing / Sanitizing () ppm/temp	did not test dishwasher
Y N			Y N	32. Toxic Items Stored	
Y N			Y N	33. Toxic Items Labeled / Used	
Y N			Y N	34. Adequate Sewage / Disposal System	
Y N			Y N	35. Toilet Facilities	
Y N			Y N	36. Backflow / Airgap	
Y N N/A			Y N	37. Consumer Advisory	
Y N N/A			Y N	38. Approved Systems (HACCP / Time as PHC)	because no food is being served there today.

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.

Compliance Status	R	COS	Code Ref	GRP	Compliance Status	R	COS	Code Ref	GRP
Y N			2-304.11	39. Personal Cleanliness	Y N			4-602.13	48. Non-Food Contact Surfaces Clean Frequency
Y N			3-304.12	40. In-Use / Between-Use Utensils Storage	Y N			5-501.15	49. Outside Receptacles
Y N N/O N/A			3-304.14	41. Wiping Cloths	Y N N/O N/A			6-202.13	50. Insect Control Devices
Y N N/O N/A			3-304.15	42. Glove-Use	Y N			6-301.11	51. Soap Availability
Y N N/O N/A			3-401.13	43. Plant Food Cooking	Y N			6-301.12	52. Hand Drying Provisions
Y N N/O N/A			3-501.13	44. Thawing	Y N			6-501.11	53. Physical Facility Condition
Y N			4-302.12	45. Food Temp Measuring Device	Y N			6-501.12	54. Cleaning Frequency
Y N N/A			4-302.14	46. Sanitizer Test Strips	Y N N/O N/A			6-501.112	55. Removing Dead Pests
Y N			4-601.11C	47. Non Food Contact Surfaces Clean	Y N			8-304.11	56. Current License Displayed

Date: 6/22/07 Est.: Was Shunga Dining Hall City/Co. Junction City, OR ID# 16482

Status or Item #	R	Code Ref	COS	Other Violations (Cont.) Violations Require Correction as Indicated	Observation
<p>Comment: 2 employees who became ill on wed. came in contact with this group during horse back riding and rifle range activities</p>					

Inspector Comments / Corrections

No meals are served out of Was Shunga Hall today. Spoke with Aaron (manager of Was Shunga facility). He described process 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 cramping and headache. Both feel well today. Group of ill campers brought some of their own snacks/desserts which neither Rock Springs facility handled at all. (Please see attached menu and employee roster as well as surveys from all staff who worked at facilities Sunday through Thursday.

COMPLIANCE ACTION	HANDOUT NUMBERS	Licensing Information Only	
NONC Issued Y/N	42, 45, 15, 11, 38 37	(Initial if Requirements are met.) Complete App	Y N
Administrative Review Y/N		Inspector	Left Application Y N
RCP Recommended Y/N		District Mgr.	Total Amount Due \$
Voluntary Closure Y/N		New Facility Y N	Fees Collected \$
Voluntary Destruction Y/N		Plan Reviewed Y N	Method of Payment:
	EDUCATION/TRAINING	In Operation Y N	<input type="checkbox"/> Check #
	Y <input checked="" type="checkbox"/> N	Operation Begins	<input type="checkbox"/> Cash <input type="checkbox"/> Discover Card

Inspector (Signature) Joelle Pitts (Print) Joelle Pitts

Person In Charge (Signature) [Signature] (Print) M. Spohn

