



DELAWARE HEALTH AND SOCIAL SERVICES  
 Division of Public Health  
 Office of Animal Welfare

Herman Holloway Campus - Carvel Building  
 1901 N. Du Pont Highway  
 New Castle, DE 19720  
 Telephone: 302-255-4620; FAX: 302-255-4621  
 DHSS\_OAW@state.de.us

### Delaware Office of Animal Welfare Animal Shelter Inspection Report

Facility Name First State Animal Center + SPCA  
 Street Address 32 Shelter Circle Camden, DE 19934  
 Phone 302-943-6032 Fax 302-698-2153 Email \_\_\_\_\_

Date of Inspection: 9/9/15 Start: 1:35  a.m.  p.m. Completed: 1:02  a.m.  p.m. 10/7/15  
 Name of Inspecting Official: Christina Motoyoshi / Dr. Stoltzfus  
 Type of Inspection:  Routine  Re-Inspection  Complaint #: \_\_\_\_\_  
 Inspection Results:  Satisfactory  Unsatisfactory  Conditional  
 This inspection is based on 16 DE Admin. Code 4501 promulgated under the authority of 16 Del. C. 53008 F.

C = Compliant NC = Not Compliant N/A = Not Applicable

AREA TO BE INSPECTED	REGS	C	NC	N/A	COMMENTS
<b>Facilities - 11 Del. C. 51325</b>					
a. Proper Shelter		<input checked="" type="checkbox"/>			
b. Food and Water		<input checked="" type="checkbox"/>			
c. Sanitary Conditions		<input checked="" type="checkbox"/>			
<b>Shelter Care and Treatment - 16 Del. C. 53002 F</b>					
a. Disease control and health care program by a veterinarian: Dr. <u>Brady</u>		<input checked="" type="checkbox"/>			
b. Written veterinary protocols	8.1	<input checked="" type="checkbox"/>			
c. Vaccinations	8.2-3	<input checked="" type="checkbox"/>			
d. Examination within 72 hours	8.4	<input checked="" type="checkbox"/>			
e. Veterinary care/medical treatment provided		<input checked="" type="checkbox"/>			recommend consistent documentation from medical providers
f. Designated treatment and isolation and/or quarantine areas		<input checked="" type="checkbox"/>			
<b>Animal Adoption, Recovery, and Rehabilitation - 16 Del. C. 53003F</b>					
a. Business hours	9.2	<input checked="" type="checkbox"/>			
b. 72 hour stray holding period		<input checked="" type="checkbox"/>			
c. Animal recovery procedures					
1. Checking for identification on strays		<input checked="" type="checkbox"/>			
2. Lost/found lists; post on website	9.1	<input checked="" type="checkbox"/>			
3. Five-day recovery period implemented		<input checked="" type="checkbox"/>			
d. Maintains and utilizes rescue registry		<input checked="" type="checkbox"/>			
e. Health certifications on imported animals				<input checked="" type="checkbox"/>	
<b>Euthanasia in Animal Shelters - 16 Del. C. 53004F</b>					
a. Five-day hold period			<input checked="" type="checkbox"/>		
b. Conditions met-no reasonable alternatives		<input checked="" type="checkbox"/>			
c. Animal care/control manager authorization			<input checked="" type="checkbox"/>		
d. Severe health/behavior					
1. Veterinarian determination		<input checked="" type="checkbox"/>			

9/9/15 unable to complete inspection as medical records not immediately available. Returned 9/10/15 to make copies of records for review.

e. Euthanasia technician certification on file	6.3			✓	
f. Method and procedures					
1. Euthanasia area and equipment	10.2	✓			
2. Current policy and procedure manual			✓		NO manual pursuant to 10.2.2
3. Persons administering euthanasia	10.1			✓	
4. Proper authorization	11.7		✓		
5. Method and procedure	11.0	✓			
6. Verification of death	13.0	✓			
<b>Record Keeping and Reporting - 16 Del.C. §3007F</b>					
a. Animal statistics	14.1-2				
1. Quarterly report on website		✓			Some shelter animals misclassified as owner req euth.
2. Annual Report		✓			
b. Animal records complete	14.3	✓			reviewed records in computer for times + providers

**ADDITIONAL OBSERVATIONS/EXPLANATION:**

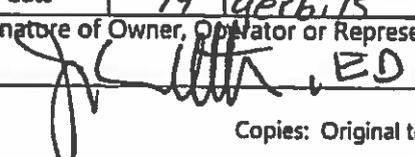
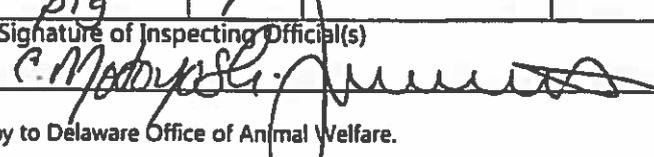
- ① No written euthanasia policy + procedure manual in euth. room per Reg 10.2.2 corrected 10/7/15
- ② There is confusion in applying euthanasia laws + regs. Some records note "owner requested euth" when involving animals in custody of shelter.
- ③ One animal in sample euthanized prior to 5-day hold period and without authorization of vet in violation of 3004F(a) + (c).
- ④ Quarterly statistics are posted online but owner surrendered animals are misclassified as owner requested euthanasia. See regulations 9.0 definition for euthanasia rate.

**CORRECTIVE ACTIONS/COMPLIANCE DATE:**

- ① Ensure understanding + compliance with 3004F euthanasia in animal shelters. If owner requested is performed must be done by veterinarian only.
- ② Revise 2015 shelter statistics to accurately reflect euthanasia statistics per 3007F. Make sure 3<sup>rd</sup> quarter are accurate when posted.

Will follow up in not less than 30 days to ensure corrections are complete.

**NUMBER OF ANIMALS AT THE FACILITY (List species and numbers.)**

Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs	115	rabbits	4	horse	1		
Cats	79	gerbils	3	pig	1		
Signature of Owner, Operator or Representative				Signature of Inspecting Official(s)			
							

Copies: Original to Shelter. Copy to Delaware Office of Animal Welfare.



## Delaware Office of Animal Welfare Animal Shelter Inspection Report

Facility Name First State Animal Center of SPCA  
 Street Address 32 Shelter circle, Camden, DE 19934  
 Phone 302 943 6032 Fax 302 698 2153 Email \_\_\_\_\_

Date of Inspection: 12/16/15 Start: \_\_\_\_\_  a.m.  p.m. Completed: 1249  a.m.  p.m.  
 Name of Inspecting Official: Dr K. Stoltzfu  
 Type of Inspection:  Routine  Re-Inspection  Complaint #: \_\_\_\_\_  
 Inspection Results:  Satisfactory  Unsatisfactory  Conditional  
 This inspection is based on 16 DE Admin. Code 4501 promulgated under the authority of 16 Del. C. §3008 F.

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AREA TO BE INSPECTED	REGS	C	NC	N/A	COMMENTS
<b>Facilities – 11 Del. C. §1325</b>					
a. Proper Shelter				✓	
b. Food and Water				✓	
c. Sanitary Conditions				✓	
<b>Shelter Care and Treatment – 16 Del. C. §3002 F</b>					
a. Disease control and health care program by a veterinarian: Dr. <u>Brady</u>				✓	
b. Written veterinary protocols	8.1			✓	
c. Vaccinations	8.2-3			✓	
d. Examination within 72 hours	8.4			✓	
e. Veterinary care/medical treatment provided				✓	
f. Designated treatment and isolation and/or quarantine areas				✓	
<b>Animal Adoption, Recovery, and Rehabilitation – 16 Del. C. §3003F</b>					
a. Business hours	9.2			✓	
b. 72 hour stray holding period				✓	
c. Animal recovery procedures				✓	
1. Checking for identification on strays				✓	
2. Lost/found lists; post on website	9.1			✓	
3. Five-day recovery period implemented				✓	
d. Maintains and utilizes rescue registry				✓	
e. Health certifications on imported animals				✓	
<b>Euthanasia in Animal Shelters – 16 Del. C. §3004F</b>					
a. Five-day hold period					
b. Conditions met-no reasonable alternatives				✓	
c. Animal care/control manager authorization				✓	
d. Severe health/behavior					
1. Veterinarian determination					





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Facility Name First State Animal Center & SPCA  
 Street Address 32 Shelter Circle, Camden DE 19934  
 Phone 302 943 6032 Fax 302 698 2153 Email \_\_\_\_\_

Date of Inspection: 2/24/16 Start: 1:11  a.m.  p.m. Completed: 1:48  a.m.  p.m.  
 Name of Inspecting Official: Dr K. Stoltzfus  
 Type of Inspection:  Routine  Re-Inspection  Complaint #: \_\_\_\_\_  
 Inspection Results:  Satisfactory  Unsatisfactory  Conditional  
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