



## Delaware Office of Animal Welfare Animal Shelter Inspection Report

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

Date of Inspection: 11/7/16 Start: 12:50  a.m.  p.m. Completed: 2:39  a.m.  p.m.  
 Name of Inspecting Official: Dr. K. Stoltenberg  
 Type of Inspection:  Routine  Re-Inspection  Complaint #: S-16-5  
 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.

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

| 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: <u>Dr. H. 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   |       | ✓ |    |     |          |

|  |   |        |   |   |  |                  |
|--|---|--------|---|---|--|------------------|
| 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         |        | ✓ |   |  |                  |
| 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                 |        |   | ✓ |  | Missing 2016 103 |
| 2.   | Annual Report                               |        | ✓ |   |  |                  |
| b.   | Animal records complete                     | 14.3   | ✓ |   |  |                  |

**ADDITIONAL OBSERVATIONS/EXPLANATION:**

**CORRECTIVE ACTIONS/COMPLIANCE DATE:**

① 3rd Q statistics to be posted on website no later than 12/21/16

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

| Species  | No. | Other Species | No. | Other Species                       | No. | Other Species | No. |
|--|-----|---------------|-----|-------------------------------------|-----|---------------|-----|
| Dogs   | 32  | Pigs          | 2   | Chickens                            | 6   |               |     |
| Cats   | 44  | Horses        | 2   |                                     |     |               |     |
| Signature of Owner, Operator or Representative |     |               |     | Signature of Inspecting Official(s) |     |               |     |
|  |     |               |     |                                     |     |               |     |

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



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: 12/21/14 Start: \_\_\_\_\_  a.m.  p.m. Completed: \_\_\_\_\_  a.m.  p.m.  
 Name of Inspecting Official: Dr. K. Stoltzfus  
 Type of Inspection:  Routine  Re-Inspection  Complaint #: S-16-5  
 Inspection Results:  Satisfactory  Unsatisfactory  Conditional  
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|--|-------|---|----|-----|----------|
| <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. _____  |       |   |    | ✓   |          |
| 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  |       |   |    | ✓   |          |

|  |        |   |  |   |  |
|--|--------|---|--|---|--|
| 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                 |        |   |  | ✓ |  |
| 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. 53007F</b> |        |   |  |   |  |
| a. Animal statistics                                   | 14.1-2 |   |  |   |  |
| 1. Quarterly report on website                         |        | ✓ |  |   |  |
| 2. Annual Report                                       |        |   |  | ✓ |  |
| b. Animal records complete                             | 14.3   |   |  | ✓ |  |

**ADDITIONAL OBSERVATIONS/EXPLANATION:**

3rd Q statistics present

**CORRECTIVE ACTIONS/COMPLIANCE DATE:**

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

| Species  | No. | Other Species | No. | Other Species                       | No. | Other Species | No. |
|--|-----|---------------|-----|-------------------------------------|-----|---------------|-----|
| Dogs   |     |               |     |                                     |     |               |     |
| Cats   |     |               |     |                                     |     |               |     |
| Signature of Owner, Operator or Representative |     |               |     | Signature of Inspecting Official(s) |     |               |     |
| <i>Keith Thomas</i>                            |     |               |     | <i>[Signature]</i>                  |     |               |     |

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