



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 Delaware SPCA
Street Address 455 Stanton Christina Road, Newark, DE 19713
Phone 302-998-2281 **Fax** _____ **Email** _____

Date of Inspection: 2/23/18 **Start:** 11:00 a.m. p.m. **Completed:** 11:42 a.m. p.m.
Name of Inspecting Official: Dr Stoltzfus
Type of Inspection: Routine Re-Inspection Complaint #: 2017-004
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
Facilities – 11 Del. C. §1325					
a. Proper Shelter				✓	
b. Food and Water				✓	
c. Sanitary Conditions				✓	
Shelter Care and Treatment – 16 Del. C. §3002 F					
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				✓	
Animal Adoption, Recovery, and Rehabilitation – 16 Del. C. §3003F					
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				✓	
Euthanasia in Animal Shelters – 16 Del. C. §3004F					
a. Five-day hold period				✓	
b. Conditions met-no reasonable alternatives				✓	
c. Animal care/control manager authorization				✓	
d. Severe health/behavior				✓	

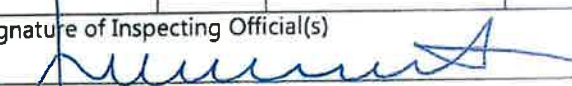
1. Veterinarian determination				✓	
e. Euthanasia technician certification on file	6.3			✓	
f. Method and procedures				✓	
1. Euthanasia area and equipment	10.2			✓	
2. Current policy and procedure manual				✓	
3. Persons administering euthanasia	10.1			✓	
4. Proper authorization	11.7			✓	
5. Method and procedure	11.0			✓	
6. Verification of death	13.0			✓	
Record Keeping and Reporting – 16 Del.C. §3007F					
a. Animal statistics	14.1-2				
1. Quarterly report on website				✓	
2. Annual Report				✓	
b. Animal records complete	14.3	✓			

ADDITIONAL OBSERVATIONS/EXPLANATION:

1) medical records reviewed and all vaccinations given appropriately

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)			
Kelley Hilary							

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



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Delaware Office of Animal Welfare Animal Shelter Inspection Report

Facility Name Delaware SPCA
 Street Address 455 Stanton Christina Road, Newark DE 19713
 Phone 302-998-2281 Fax _____ Email _____

Date of Inspection: 12/1/17 Start: 12:25 a.m. p.m. Completed: 2:25 a.m. p.m.
 Name of Inspecting Official: Lt R Stratton; Dr K Stoltzfus
 Type of Inspection: Routine Re-Inspection Complaint #: 2017-004
 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
Facilities – 11 Del. C. §1325					
a. Proper Shelter		✓			
b. Food and Water		✓			
c. Sanitary Conditions		✓			
Shelter Care and Treatment – 16 Del. C. §3002 F					
a. Disease control and health care program by a veterinarian: Dr. <u>Madhulal Valliyalte</u>		✓			
b. Written veterinary protocols	8.1	✓			
c. Vaccinations	8.2-3		✓		see additional observations (1)
d. Examination within 72 hours	8.4	✓			
e. Veterinary care/medical treatment provided		✓			
f. Designated treatment and isolation and/or quarantine areas		✓			
Animal Adoption, Recovery, and Rehabilitation – 16 Del. C. §3003F					
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		✓			
Euthanasia in Animal Shelters – 16 Del. C. §3004F					
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			✓	no licensed CET all licensed vet techs
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	✓			
Record Keeping and Reporting – 16 Del.C. §3007F					
a. Animal statistics	14.1-2				
1. Quarterly report on website		✓			
2. Annual Report		✓			
b. Animal records complete	14.3		✓		see additional observations (1)

ADDITIONAL OBSERVATIONS/EXPLANATION:

(1) Multiple records were reviewed with animals, both cats and dogs not receiving the required vaccinations within the 8 hour window

CORRECTIVE ACTIONS/COMPLIANCE DATE:

(1) discussed with Shelter Operations Manager the requirements of the law and discussed how this can be done effectively and documented

Discussed we will re-inspect the medical records within the next 60 days to assess if this has been brought into compliance

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

Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs	15						
Cats	33						
Signature of Owner, Operator or Representative				Signature of Inspecting Official(s)			
<i>Kelley Kelly</i>				<i>[Signature]</i>			

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