

Severe health/behavior

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**

acility Name Delaware Humane Association	on				
treet Address 701 A Street, Wilmington DE	19801				
Phone 302-571-0111 Fax				Ema	sil
Date of Inspection: 11-22-2019 Star	t: 12:13	_ 🗆 a	.m. 🗂	o.m.	Completed: 1:03 □ a.m. ■ p.m.
Name of Inspecting Official: Dr Stoltzfus	1				
		nn.	п Со	mnlain	nt #: 2019-003
				-	ditional
-	Unsatisf		•		
This inspection is based on 16 DE Admin.	Lode 450	11 pro	mulga	ated ur	nder the authority of 16 Del. C. §3008 F.
C = Compliant	NC = Not (	Comp	liant	N/	A= Not Applicable
AREA TO BE INSPECTED	REGS	С	NC	N/A	COMMENTS
Facilities – 11 Del. C. §1325	CHE SE		(NULLA)	177	
a. Proper Shelter	T			1	
b. Food and Water	1			1	
c. Sanitary Conditions				/	
Shelter Care and Treatment - 16 Del. C. §300	2 F	-		-	
a. Disease control and health care program	T		T		
by a veterinarian: Dr. Green				✓	
b. Written veterinary protocols	8.1	:1		1	
c. Vaccinations	8.2-3			1	
d. Examination within 72 hours	8.4		1		6/20 records have no documentation of exam within 72 hrs
e. Veterinary care/medical treatment				1	
provided				✓	
f. Designated treatment and isolation				1	
and/or quarantine areas	16.5		5200	•	
Animal Adoption, Recovery, and Rehabilitati		el. C.	\$3003	F	
a. Business hours	9.2			1	
b. 72 hour stray holding period				<b>/</b>	
c. Animal recovery procedures				1	
Checking for identification on strays	0.1			✓	
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		1			
Euthanasia in Animal Shelters – 16 Del. C. §3	UU4F				
a. Five-day hold period				1	
b. Conditions met-no reasonable alternatives				✓	
c. Animal care/control manager	3			1	

Veterinarian determination		1	
e. Euthanasia technician certification on file	6.3	<b>✓</b>	
f. Method and procedures			
Euthanasia area and equipment	10.2	1	
Current policy and procedure manual		1	
<ol><li>Persons administering euthanasia</li></ol>	10.1	1	
4. Proper authorization	11.7	1	
5. Method and procedure	11.0	1	
6. Verification of death	13.0	1	
Record Keeping and Reporting – 16 Del.C. §30	007F		The state of the state of
a. Animal statistics	14.1-		
=	2		
Quarterly report on website		✓ ·	
2. Annual Report		1	
b. Animal records complete	14.3	<b>✓</b>	

ADDITIONAL OBSERVATIONS/EXPLANATION:
*
CORRECTIVE ACTIONS/COMPLIANCE DATE:
1, All out of state animals had health certificates
2, Violation of 16 Del.C §3002F (c) No exam within 72 hours of entry into the shelter
Medical records will be rechecked for compliance with the law regarding exams within 72 hrs of entry into the shelter during the 2020 inspection

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

Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs							
Cats						2	
Signature of	Owner, Op	perator or Represe	ntative	Signature of Insp	ecting Off	icial(s)	•

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 Humane Association	n				
Street Address 701 A Street, Wilmington DE					
Phone 302-571-0111 Fax				Ema	il
Date of Inspection: 10/2/2019 Start	2.27	_ □ a.	m. 🗐	o.m.	Completed: 4.45 □ a.m. <b>=</b> p.m.
Name of Inspecting Official: Dr Stoltzfus,	Cpt Smi	ith			
	nspectio		п Со	mplain	t #: <u>2019-003</u>
	Unsatisf			í Cond	
-					
This inspection is based on 16 DE Admin. C	ode 450	1 pro	mulga	ated ur	nder the authority of 16 Del. C. §3008 F.
C = Compliant N	C = Not (	Compl	iant	N/	A= Not Applicable
AREA TO BE INSPECTED	REGS	С	NC	N/A	COMMENTS
Facilities – 11 Del. C. §1325	0.00			C SULL	
a. Proper Shelter		1			
b. Food and Water		1			
c. Sanitary Conditions		1			
Shelter Care and Treatment – 16 Del. C. §3002	F				
a. Disease control and health care program		1			
by a veterinarian: Dr. Green		✓			
b. Written veterinary protocols	8.1	1			-
c. Vaccinations	8.2-3	1			
d. Examination within 72 hours	8.4		1		13/64 records had no documentation of exam within 72 hours
e. Veterinary care/medical treatment		1			
provided		✓			
f. Designated treatment and isolation		1			
and/or quarantine areas		V		<u></u>	
Animal Adoption, Recovery, and Rehabilitation		el. C.	\$3003	F	The state of the state of the state of
a. Business hours	9.2	1			
b. 72 hour stray holding period		1			
c. Animal recovery procedures		1			
Checking for identification on strays		1			
Lost/found lists; post on website	9.1	1			
Five-day recovery period implemented		1			
d. Maintains and utilizes rescue registry		<b>/</b>			
e. Health certifications on imported animals			1		9 animals with out of state origin without health certificates
Euthanasia in Animal Shelters – 16 Del. C. §30	04F				
a. Five-day hold period		1			
b. Conditions met-no reasonable alternatives		1			
c. Animal care/control manager		1			
authorization		🗸			

	1. Veterinarian determination		1		
e.	Euthanasia technician certification on file	6.3		1	Needs renewal
f.	Method and procedures				
	Euthanasia area and equipment	10.2	1		
	2. Current policy and procedure manual		1		
	3. Persons administering euthanasia	10.1	1		
	4. Proper authorization	11.7	†		¥.
	5. Method and procedure	11.0	1		
_	6. Verification of death	13.0	1 /		
Re	cord Keeping and Reporting - 16 Del.C. §30	007F		TO DELL'	VINTER MATERIAL PROPERTY.
a.	Animal statistics	14.1-			
		2			
	Quarterly report on website		1		
	2. Annual Report		1		
b.	Animal records complete	14.3	1		

ADDITIONAL OBSERVATIONS/EXPLANATION:
CORRECTIVE A CTIONIC (COMPLIANCE DATE
CORRECTIVE ACTIONS/COMPLIANCE DATE:
Within 60 days review that all out of state animals have health certificates
2. Within 60 days review documentation that all animal receive an examination within 72 hours

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

Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs	43						
Cats	104						
ignature of	Owner, O	perator or Represer	ntative	Signature of Inspe	ecting Offi	cial(s)	

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