



## Delaware Office of Animal Welfare Animal Shelter Inspection Report

**Facility Name:** Delaware Humane Association

**Street Address:** 701 A St. Wilmington DE, 19801

**Phone:** 302-571-0111 **Email:** info@delawarehumane.org

**Date of Inspection:** 10/10/2020 **Time:** 12:30  a.m.  p.m.  
**Name of Inspecting Official:** Natalie Titus, DVM and Joanna Miller, LVT  
**Person Interviewed:** Steph Carter **Title:** Shelter Project Manager  
**Type of Inspection:** Routine **Complaint # (if applicable):** [Click here to enter text.](#)  
**Inspection Results:** Conditionally Approved  
 This inspection is based on 16 DE Admin. Code 4501 promulgated under the authority of 16 Del. C. §3008 F.

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

e. Euthanasia technician certification on file	6.3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Method and procedures				
1. Euthanasia area and equipment	10.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Current policy and procedure manual		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Persons administering euthanasia	10.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper authorization	11.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Method and procedure	11.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Verification of death	13.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Record Keeping and Reporting – 16 Del.C. §3007F</b>				
a. Animal Statistics	14.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Quarterly report on website	14.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Annual Report	14.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Animal records complete	14.3-14.6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**REMARKS:**

Inspection of the shelter facility took place October 10, 2020. A total of 99 dogs and 26 cats were located on the premises at the time of this inspection. The inspection of October 10, 2020 is as follows:

**1. 16 Delaware Code §3007F(7) and 16 Admin. Code, subsection 14.1.7**

Inspectors found the animal count on day of inspection (125) did not match shelter records (276) provided for animals on premises.

Animal shelters shall maintain records to include all animals in the organization's custody whether at the shelter, in foster care, or a satellite location.

**2. 16 Delaware Code §3007F(9)-(10) and 16 Admin Code, subsections 14.3.5-14.3.6**

9 out of 24 records viewed by inspectors lacked required documentation of date/time/provider of vaccinations and/or date/time/provider of medical care.

There shall be kept at each shelter a record of all animals received and their disposition. Such record shall state medical condition at initial exam given within 72 hours of intake, and any subsequent medical care including examinations, treatments date and time, name and dosage of medication, and name of provider. Vaccination history including date and time of all vaccines given, name of medication, and name of provider.

**CORRECTIVE ACTIONS:**

1. Ensure record keeping is complete and accurate for all vaccinations, examinations and treatments, meeting the requirements of the law and regulations.
2. Maintain complete and accurate count of all animals in the organization's custody whether at the shelter, in foster care, or a satellite location.

A follow-up inspection will be conducted at a later date.

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

					No.	Other Species	No.
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<b>Species</b>	<b>No.</b>	<b>Other Species</b>	<b>No.</b>	<b>Other Species</b>			
Dogs	26						
Cats	99						

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