

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**

Purpose: **Inspection**

DATE/TOA: **2/8/24 2:15 pm**

**THE SPCA IN CATTARAUGUS COUNTY
2944 ROUTE 16
OLEAN NY 14760**

Inspector #: **074**

These are the findings of an inspection of your facility on the date(s) indicated above:

- 1. Shelter is structurally sound** No
In outdoor kennels, repairs needed on crumbling/missing concrete blocks. Dividing walls of several interior kennels not structurally sound and move when pushed on by dogs.
- 2. Housing area and equipment is sanitized regularly** No
Build up of old feces/food in drainage troughs of outdoor kennels. Rusted/corroded pipes/chain link and exposed wood in room being used as a kennel are unable to be cleaned/sanitized properly.
- 3. Repairs are done when necessary** No
In both interior and outdoor kennels, dividing walls and doors have rusted/corroded pipes with sharp edges exposed to the dogs. Chain link walls/doors of several kennels are excessively rusted/corroded. In room being used as a kennel, wood door framing has been chewed and is splintered.
- 4. Dogs are handled safely** Yes
- 5. Adequate space is available for all dogs** Yes
- 6. Light is sufficient for observation** Yes
- 7. Ventilation is adequate** Yes
- 8. Drainage is adequate** Yes
- 9. Temperature extremes are avoided** Yes
- 10. Clean food and water is available and in ample amount** Yes
- 11. Veterinary care is provided when necessary** Yes
- 12. Dogs are euthanized humanely, by authorized personnel** Yes
- 13. Complete intake and disposition records are maintained for all seized dogs** Yes
- 14. Dogs transferred for purposes of adoption in compliance with Article 7** Yes
- 15. Redemption period is observed before adoption, euthanasia or transfer** Yes
- 16. Owners of identified dogs are properly notified** Yes
- 17. Redeemed dogs are licensed before release** Yes
- 18. Proper impoundment fees paid before dogs are released** Yes
- 19. Written contract or lease with municipality** Yes

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
0403	Town of Carrollton
0421	Town of Napoli
0430	Town of Salamanca
0432	Town of Yorkshire
0427	Town of Portville
0431	Town of South Valley

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **Co-Manager**

Olivia Ingalls

REVIEWED BY: **Inspector #: 64**
REVIEWED DATE: **02/13/2024**