

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory30**

Purpose: **Inspection**

DATE/TOA: **10/20/22 12:30 pm**

**SPCA OF WESTCHESTER INC
 590 NORTH STATE ROAD
 BRIARCLIFF MANOR NY 10510**

Inspector #: **61**

Inspector #: **850**

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

- | | |
|---|-----|
| 1. Shelter is structurally sound | Yes |
| 2. Housing area and equipment is sanitized regularly | Yes |
| 3. Repairs are done when necessary | Yes |
| 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 | No |
| <i>The records are incomplete and they must include all dispositions.</i> | |
| 14. Dogs transferred for purposes of adoption in compliance with Article 7 | No |
| <i>The records are incomplete and they must include all dispositions.</i> | |
| 15. Redemption period is observed before adoption, euthanasia or transfer | No |
| <i>The records are incomplete and they must include all dispositions.</i> | |
| 16. Owners of identified dogs are properly notified | Yes |
| 17. Redeemed dogs are licensed before release | No |
| <i>The records are incomplete and they must include all dispositions.</i> | |
| 18. Proper impoundment fees paid before dogs are released | No |
| <i>The records are incomplete and they must include all dispositions.</i> | |
| 19. Written contract or lease with municipality | Yes |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
5524	Village of Briarcliff Manor
5509	Town of New Castle
5510	Town of North Castle
5512	Town of Ossining
5536	Village of Ossining
5519	City of Peekskill
5521	City of White Plains

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Kasey Alaimo**
TITLE: **Rescue Care Coordinator**

REVIEWED BY: **Inspector #: 67**
REVIEWED DATE: **10/21/2022**