



Clerk of the Circuit Court

Brevard County, Florida

400 SOUTH ST., P.O. Box 999, Titusville, Florida 32781

<http://www.brevardclerk.us>

Scott Ellis, Clerk

June 18, 2009

Mr. Bobby Bowen
Interim Director
Brevard County Animal Services & Enforcement
5100 West Eau Gallie Blvd.
Melbourne, FL 32935

RE: Review and Analysis
Brevard Animal Services & Enforcement (BASE)
South Animal Care Center (SACC)

Dear Mr. Bowen:

At the request of Scott Ellis, we have conducted a limited review of the South Animal Care Center. The following is a report of findings and recommendations along with draft responses from County management and our final comments. An exit conference was not requested by County Management; however, we would be happy to meet with you concerning the report should you desire.

Sincerely,

Internal Auditor,
Clerk of Courts
Brevard County

C: Scott Ellis, Clerk of Courts
Stockton Whitten, Interim County Manager
Commissioner Robin Fisher, District 1
Commissioner Chuck Nelson, District 2
Commissioner Trudie Infantini, District 3
Commissioner Mary Bolin, District 4
Commissioner Andy Anderson, District 5

Animal Services and Enforcement (BASE) Department
South Animal Care Center (SACC)

Executive Summary:

The Brevard County Animal Services and Enforcement Department is governed by Sections 125.01, 767, and 828 Florida Statutes, Brevard County Code Chapter 14, the Brevard County Animal Services Manual, and Brevard County Administrative Orders and Policies.

FINDINGS

Finding 1: There is no written intake policy for the intake of animals into the South Animal Care Center (SACC).

Finding 2: The staff DVM that is attesting to the rabies vaccination has authorized other staff members to sign for her in her presence.

Finding 3: Many animals are not being inoculated immediately upon entry into SACC, which is in violation of the Vaccination Protocol in the Animal Services Manual and an administrative directive of the Interim Director.

Finding 4: There is insufficient training on the use of the animal services computer software application known as Chameleon.

Finding 5: Euthanasia procedures and protocol are not being followed, which is a violation of Euthanasia Protocol in the Animal Services Manual and an administrative directive of the prior Director and current Interim Director of Animal Services and Enforcement.

Finding 6: Documentation for the behavior observed (BO) of animals euthanized is insufficient to justify euthanasia.

Finding 7: The amount of sodium pentobarbital being used to euthanize animals does not follow recommended guidelines.

Finding 8: We were unable to match 97 animals (36%) on the inventory list of 272 animals with corresponding foster files at SACC and documentation of foster care is lacking.

Finding 9: The Animal Services Policy and Procedure Manual are not current and contain policies that conflict with policy/administrative directives that are currently in place.

Finding 10: There is a lack of communication and many SACC employees do not have an email account.

Finding 11: There is a lack of consistency on the fee being charged for the adoption of animals.

Finding 12: Most SACC personnel have not received a performance appraisal since 2004.

Finding 13: The number of active SACC volunteers is half what the application records indicate.

Finding 14: Bank deposits are not timely.

Finding 15: Deposits are made by administrative staff that is located at the Administration Office Sarno Road instead of SACC.

Finding 16: The cash register does not provide a summary report of revenues by revenue type necessary to document revenues entered in SAP.

Animal Services and Enforcement (BASE) Department
South Animal Care Center (SACC)

Purpose:

The purpose of our review was to evaluate the operations of the South Animal Care Center (SACC) as to their compliance with Florida Statutes, Brevard County Code Chapter 14, the Brevard County Animal Services and Enforcement (BASE) Guidelines, and other Brevard County Policies and Administrative Orders pertaining to animal services and enforcement.

Scope and Objectives:

The scope and objective of the review of SACC were to ensure compliance with Florida Statutes, Brevard County Code Chapter 14, the Brevard County Animal Services and Enforcement (BASE) Guidelines, and other Brevard County policies and Administrative Orders pertaining to animal services and enforcement. Although the scope included a limited review of administrative functions, the main focus encircled animal care issues.

Background:

Brevard County has two animal care centers, the North Animal Care Center (NACC) in Titusville and the South Animal Care Center (SACC) in Melbourne. SACC was previously operated by the Central Brevard Humane Society until it became part of Brevard Animal Services and Enforcement (BASE) in January of 2002. Although the scope of this review is primarily on SACC, some information collected is relevant to both NACC and SACC.

Methodology:

The Clerk's Internal Auditors reviewed governing laws, codes, policies and procedures, and operational manuals and directives. We met with the BASE Interim Director and personnel to discuss the scope and objectives of the review, obtain preliminary data, and establish working arrangements for the collection of SACC records and information. We interviewed administrative (BASE) personnel, shelter management personnel, the staff Doctor of Veterinary Medicine (DVM), various shelter staff, and registered volunteers of SACC.

We obtained an animal inventory list, exported from Chameleon software utilized by BASE, of all animals from January 1, 2008 to the current date of request (March 2009). We selected a random sample of records in order to review documentation, operations, procedures, and disposition protocol for animals that have been euthanized, adopted, released to rescue organizations, and fostered for care.

We reviewed all sales transactions, for SACC, for the month of January 2009, entered in Chameleon. Deposits and revenue was traced to deposit slips and the County financial system SAP. In addition, we analyzed all deposits for the months of October 2008 through March 2009.

FINDINGS AND RECOMMENDATIONS

Finding 1:

There is no written intake policy for the intake of animals into the South Animal Care Center (SACC).

The Brevard County Animal Services Policy and Procedural Manual contain specific “Guidelines” for the disposition of animals; however, it does not contain a written “Guideline” for animal intake. A review of existing policies, office protocol and administrative directives reveal that some intake procedures are required for all animals while others apply dependent upon the type of entry, i.e. – stray vs. confiscation or animals that have been surrendered by their owner. Reviews of animal records depict a lack of consistency surrounding animal intake protocol for such procedures as vaccination, microchip checks, titer testing, distemper swabs, etc. Although staff interviews indicate that most personnel are aware of “routine” intake protocol, the absence of a written intake policy contributes to intake procedures being missed or not conducted in a timely fashion.

Recommendation: We recommend that an intake policy along with a checklist be written and included in the Brevard County Animal Services Policy and Procedural Manual as a specific “Guideline” to ensure the consistency of intake protocol. *This is especially important during times of distemper outbreaks which have been affecting both SACC and NACC for several months.*

County Management’s Response: The veterinarian is responsible for the medical protocol of the shelter. Shelter staff has a written guide available as a reference regarding animal intakes, authored by the staff veterinarian. This guide, or protocol, will require change from time to time as circumstances dictate. This should be done by written directive by the department director, rather than written policy because conditions and circumstances are subject to immediate change.

All supervisors have been directed to provide an action plan by June 30 for developing an intake policy, revisions of code, and revisions and/or development of policies and procedures. Staff has relied on the training of other staff members on the administrative functions regarding documentation.

The first training session that will be provided to staff will be for the intake of animals. This will establish a basic protocol and ensure all animals entering the shelter are intaked properly. The target date for this training is July 7, 2009.

Auditor’s additional comments: An intake policy/checklist should be used by all staff for the intake of all animals as standard protocol. The use of an intake checklist ensures continuity and verification that all intake tasks and completed and documented. This tool would be different than a medical guide available as a reference by the staff veterinarian.

The auditor agrees that an action plan for the development of intake procedures, revisions of code, and revisions of policies and procedures are needed.

Finding 2:

The staff DVM that is attesting to the rabies vaccination has authorized other staff members to sign for her in her presence.

Pursuant to Florida law, rabies vaccinations may only be administered by a licensed veterinarian. Once vaccinated, the date, expiration, lot number, and producer of the vaccine, veterinarian's license number, and signature of the DVM must be recorded. A review of rabies vaccination records included many different signatures for the staff veterinarian. The staff DVM stated that sometimes staff would sign for her if she is gloved or not available to sign. However, the DVM did indicate that she is always present when the form is signed and is always the administrator of the vaccination. Our review did not research the laws and/or professional standards concerning the allowed use of the DVM signature.

Recommendations:

1. We recommend Animal Services and Enforcement inquire from the Department of Professional Regulation if staff are allowed to sign for the DVM.
2. If Professional Regulations allowed staff to sign for the DVM we recommend additional written procedures fully explain the process, the circumstance(s) when this practice is allowed, and require the staff member that signed for the DVM indicated that they have signed for the DVM (i.e. "signed for/by").

County Management's Response: Under Florida Statute 828.30 (Rabies Vaccination of dogs, cats, and ferrets.) a signature or signature stamp of the licensed veterinarian is authorized for use. A signature stamp of Dr. Ashers' signature has been obtained to alleviate further concerns. Use of the signature stamp will be recorded in the signature stamp log in following manner:

1. *Log number of the animal vaccinated.*
2. *Date the Rabies vaccine was given.*
3. *Initials of the Veterinarian or authorized person(s) using the stamp.*

At this time, the Veterinarian's two vet technicians have been authorized to use the stamp in the presence of the doctor. The doctor may be in the middle of surgery and not able at that time to physically sign her name. When not in use, the signature stamp and the signature stamp log will remain under the Veterinarian's care, custody, and control, secured under lock and key, as done with controlled substances that the Veterinarian is also responsible for.

Finding 3:

Many animals are not being inoculated immediately upon entry into SACC, which is in violation of the Vaccination Protocol in the Animal Services Manual and an administrative directive of the Interim Director.

Animal records indicate that many animals are not being inoculated immediately upon entry into SACC which is a violation of the Guideline for Vaccination Protocol and an administrative directive (via memorandum). Our review only found one (1) dog that was vaccinated on the same day as entry into SACC. *This is especially important during times of distemper outbreaks which have been affecting both SACC and NACC for several months.* The following chart is based upon random records reviewed for 9 dogs.

Dogs				
Animal ID	Date of Entry	Date of Vacc.	# of days	Intake Type
A307828	03/13/2009	03/14/2009	1	Confiscation
A415778	11/14/2008	11/26/2008	12	Owner Surrender
A465217	02/06/2009	02/11/2009	5	Owner Surrender
A465418	02/09/2009	02/19/2009	10	Stray
A465420	02/09/2009	02/11/2009	2	Stray
A466191	02/14/2009	02/16/2009	2	Owner Surrender
A469032	03/11/2009	03/12/2009	1	Gatebox
A469208	03/14/2009	03/14/2009	Same Day	Stray
A469236	03/15/2009	03/20/2009	5	Owner Surrender

In addition, although NACC was not a part of this review, the Interim Director provided a report of NACC distemper testing results and email communications from a DVM with the University of Florida, which stated: *"I also noticed that some dogs are not getting vaccinated at intake, and that repeat vaccinations at 2-week intervals is inconsistent."*

Repeat vaccinations at two-week intervals and feline inoculations were not a part of the review; however, based on the findings above and the communications from the UF DVM, are suspect of not being consistent.

Recommendations:

1. We recommend that proper vaccination protocol be followed at all times and that staff make all attempts to inoculate animals upon entry into SACC.
2. The intake policy should address vaccination and inoculation issues for all animals at intake.

County Management's Response: *Of the nine cards pulled in regards to timely vaccinations, six of the animals entered the facility before it was the standard to give the Distemper,*

Hepatitis, Para influenza, and Parvovirus (DHPP) vaccine. As of February 18, 2009 and the Distemper outbreak at S.A.C.C., animals are being inoculated upon intake.

Before DHPP was given on entry:

*A307828 – Noted on card to be careful.
A415778 – Owner surrender.
A465217 – Went to Aloha Animal Hospital
A465418 – Trapped, careful, will bite, noted.
A465420 – Given two days after entry.
A466191 – Kennel aggression noted.*

After the medical guidelines were changed in February the following was noted on three dogs upon entry.

After DHPP was to be given upon entry:

*A469032 – Left in outside gate box on the 11th,
vaccinated the following morning.
A469208 – Vaccinated the same day.
A469236 – Careful, unpredictable, owner surrender.*

Upon the Distemper outbreak, the University of Florida (Maddie's Shelter Medicine Program) provided a distemper intervention strategy that includes inoculation upon intake. The protocol was initiated at both shelters and continues today. As a result, a large number of animals were saved by inoculation and testing.

The Policy and Procedures will reflect the best course of action to be taken with animals that are difficult to handle. The policy will also reflect the need for field officers to vaccinate incoming animals as well as animals arriving over the counter (OTC). If an animal is fractious and could potentially cause injury to an employee a vaccine may be delayed to give the animal time to settle down.

Auditor's additional comments: Inoculation upon entry into the shelter has proved to be an effective distemper intervention strategy. We recommend a continuation of this strategy to help deter the number of animals exposed or infected with distemper.

Finding 4:

There is insufficient training on the use of the animal services computer software application known as Chameleon.

SACC transitioned to computerized records using the Chameleon Software during 2002. The application provides database automation for most activities within the Animal Services

department. Currently, Chameleon has modules for call intake and enforcement dispatch, shelter management, animal care and inventory, product inventory and cash register functions. Recently, the Chameleon application was reviewed by Brevard County Information Systems (BCIS) and recommendations were made to enhance the use of the product.

A review memorandum from BCIS stated: *“It is apparent that training has not been provided at the level necessary to insure effective operation.”* Most staff interviewed, including the DVM and SACC management, indicated that additional training is needed. In addition, modules are not currently being used consistently and/or not populated with animal care information.

Recommendations:

1. We recommend additional training is provided on the use of the Chameleon application for all SACC personnel.
2. We recommend that the “Review of Animal Services computer system” memorandum issued by BCIS be reviewed by BASE and SACC management and appropriate recommendations to enhance the product’s use be considered.

County Management’s Response: *The Administrative Support Supervisor is scheduling the start of staff training for July 7, 2009. She is currently working on setting up computer training modules at B.A.S.E. The Department will also look into customizing many of the fields in the Chameleon system to improve on data entry.*

- a. *The Policies and Procedures manual for the shelters will include the specific Chameleon instruction for each area that uses Chameleon. The process of revising the manual was underway prior to this audit being started.*
- b. *Again, training sessions will begin for the shelter staff on July 7, 2009. Once the training session is complete, staff will be required to sign for the training received and a training log will be maintained for each staff member. Any changes to procedures will be done in a written format and staff will be required to acknowledge the changes in writing. Supervisory staff will be expected to ensure that proper procedures are being followed and to take the necessary steps to correct any issues.*
- c. *The Chameleon manual will be revised during the training period that will have specific steps for each procedure that is used at the shelters.*
- d. *The Department will continue to work with Information Systems to institute the recommendations as outlined in their report.*

Finding 5:

Euthanasia procedures and protocol are not being followed, which is a violation of Euthanasia Protocol in the Animal Services Manual and an administrative directive of the prior Director and current Interim Director of Animal Services and Enforcement.

Based on the random review of animal records from ten (10) dogs and (10) cats, euthanasia procedures and protocol are not being followed OR documented to ensure compliance:

1. Euthanasia is being performed with only one euthanasia technician present which is a violation of Euthanasia Guideline EAU-100, Page 5 of 8. This finding is based on the lack of required signatures of the euthanasia technician and another staff member on the animal kennel card and interviews of personnel.
2. Euthanasia is being performed before the required holding period has expired and without notes on the card indicating that a person or group has expressed interest in the animal (not animals that are exempt due to sickness), which is a violation of Euthanasia Guideline EAU-100, Page 5 of 8. This finding is based on the documentation of random records reviewed for dogs and cats.
3. Euthanasia is being performed without sufficient documentation on the kennel card explaining why the animal was put to sleep. Note: Euthanasia guideline is not specific on the requirement to populate the EUTH Reason field.
4. Euthanasia is being performed without documentation of two staff members who have examined and inspected all documents/information relative to the animal before the animal is euthanized, which is a violation of Euthanasia Guideline EAU-100, Page 7 of 8. This finding is based on the lack required signatures of the euthanasia technician and another staff member on the animal kennel card and/or the lack of signatures of two managers in the 1st Management Approval and 2nd Management Approval fields on the kennel card.
5. Euthanasia is being performed on weekends, specifically on Saturdays, which is a violation of a Euthanasia directive that is posted at SACC. This finding is based on the documentation of random records reviewed for dogs and cats and is a violation of a Euthanasia directive that was administered by memorandum and posted at SACC.

Recommendations:

1. We recommend all staff be re-trained on proper euthanasia protocol, policies, and procedures and that major emphasis are placed on proper euthanasia documentation into the Chameleon application and on the kennel cards.
2. We recommend that staff refrain from euthanizing animals on weekends and holidays and that this directive be made part of Euthanasia Guideline EAU-100.

County Management's Response:

1. *The "guideline" for euthanasia states that at least two staff members **must** be present during euthanasia. While the department's staff veterinarian believes that large and/or aggressive animals may require assistance from two staff members, it is not always necessary to have two technicians*

present during euthanasia procedures. The policy will be revised to state that two staff members may be required during euthanasia procedures.

2. *Behaviors observed by the Animals Care Technician must be documented in note form or animal profile. All cards pulled for this audit review had a reason for euthanasia. It shows the following results for euthanasia:*

A469236 - Management initials MB and WS, euthanasia tech MM assisted by WS

A469032 - Management initials MB and WS, euthanasia techs WS and MB.

A465418 - Management initials WS, euthanasia tech WS, note in Chameleon that both Dr. Asher and Dr. Crawford recommended euthanasia.

A078984 - Owner request for euthanasia of pet, euthanasia tech NTB.

A465025 - Management initials MB and RA, euthanasia tech NTB, no handler initials.

A466191 - Management initials WS, documentation that bite dog was released from quarantine by Sgt. Robinson with a note in the system, NTB and WS euthanasia techs.

A458981 - Management initials JM and MB, euthanasia techs WS & JM.

A458689 - Management initials WS and MB, euthanasia tech WS.

A459235 - Management initials WS and MB, euthanasia tech WS.

A224419 - Management initials WS, MB noted date on card but failed to initial, euthanasia tech WS.

A470718 - Owner request euthanasia for elderly dog, euthanasia techs WS and MM.

A469660 - Owner request for a cat, euthanasia tech MM.

A470455 - Management initials MB and RA, euthanasia tech NTB.

Euthanasia may be required due to a medical reason to prevent suffering. The Lead Worker and Kennel Supervisor have always contacted the doctor prior to euthanasia for this reason.

Auditor's additional comments: We do not disagree that euthanasia may be required due to a medical reason to prevent suffering; however, proper documentation should clearly identify the reason(s) for the medical termination of the animal and behaviors observed that have identified the animal for termination. The letters B.O. on the kennel card, without any additional documentation to support euthanasia, is not adequate documentation for a PTS (put to sleep) disposition.

Finding 6:

Documentation for the behavior observed (BO) of animals euthanized is insufficient to justify euthanasia.

A review ten (10) random records of dogs that were euthanized revealed the initials BO (observed behavior) on the kennel card as the reason for the euthanasia on four (4) records. However, there was insufficient documentation or no documentation on the kennel card *and* in the Chameleon computerized records describing any such behavior. One kennel card did have a notation of “kennel crazy” but this information was not in the Chameleon system and there was no date associated with the behavior.

Recommendation:

1. We recommend that all unusual behaviors and the dates of those behaviors observed be adequately documented in the Chameleon system and on the kennel card.
2. We recommend that a kennel card audit be performed prior to an animal being euthanized.

County Management's Response: Again, behaviors observed by the Animal Care Technicians can be documented in note form or animal profile. All cards pulled for this audit review had reasons for euthanasia. Staff will either develop a listing of more detailed behavioral issues that can be coded into the documentation. Additionally, staff will be counseled and trained with regards to utilizing more detailed descriptions of behavior which will be used to justify euthanasia.

Finding 7:

The amount of sodium pentobarbital being used to euthanize animals does not follow recommended guidelines.

A review of ten (10) records of dogs and ten (10) records of cats that were euthanized revealed that the amount of sodium pentobarbital is not consistent with recommended guidelines (1 cc per 10 pounds). In addition, no weights are documented on the kennel card which infers that the weight of the animal and the amount of drug needed for euthanasia is being guessed or approximated by the euthanasia technician. While the reviewers understand that euthanasia technicians do not err of the side of under dosage, one record indicates that 7 cc of sodium pentobarbital was used to euthanize a cat. Note: the majority of animal records for euthanized cats indicate a usage of 2 to 3 cc.

Recommendations:

1. We recommend that euthanasia technicians follow recommended guidelines for the amount of sodium pentobarbital to be used for euthanasia.

2. We recommend that animals be weighed for a determination of proper drug use and that the Guideline for Euthanasia, EAU-100 be revised to require this step in the euthanasia procedure.

County Management's Response: *The department guidelines for euthanasia were written in 2002. As this is only a guideline, the shelter veterinarian should have the sole responsibility in determining the proper dosage. If the animal has gone thru [sic] evaluation a weight is noted on the kennel card. Staff can proceed to the medical room scale for weights on manageable animals. However, wild cats and dangerous or aggressive dogs may need to be estimated for weight to protect staff against injury.*

Additional sodium pentobarbital, such as the 7 cc's noted, is sometimes required for animals that have unknown medical issues. No dosage is 100% predictable.

The revised policy will reflect this change in procedure.

Finding 8:

We were unable to match 97 animals (36%) on the inventory list of 272 animals with corresponding foster files at SACC and documentation of foster care is lacking.

On April 30, 2009, SACC personnel provided the reviewers with a list of animals that are currently in foster care. The inventory contained 272 animals which are being fostered by 143 different individuals or organizations. Of 272 animals 97 (36%) could not be matched with corresponding foster files. The reviewers will be providing a list of those animals that could not be accounted for to SACC personnel for a determination of disposition or status of the animal. In addition, a review of foster files indicates that follow-up communication with fosters is lacking. Two fosters have applied for and been approved for adoption; however, the adoption fee has not been paid. Both files indicate the fosters were contacted to finalize the adoption and pay the adoption fee at the end of February 2009.

Recommendations:

1. We recommend that new procedures for tracking and communicating with fosters be implemented.
2. We recommend documentation be kept current to ensure the proper care of the animal.

County Management's Response: *It should be noted that many foster file are for employees of the department. They generally are not currently required to fill out applications when fostering animals. However, this practice will change with the revised policy for accountability.*

When researching this concern it was found that some of the foster inventory was not updated properly to reflect the animal had been adopted by its caregiver. This is a data entry mistake where the staff person brings the foster animal in as a return rather than a foster.

This issue has been addressed and required additional training in the upcoming training sessions. Consolidation of files would also be beneficial.

Also noted, foster inventory reflects not only S.A.C.C. fosters but N.A.C.C. as well. Staff is consolidating the files into a single area for easier review. At the time of this audit, fosters to adopt were separate from the other files, such as what Aloha Animal Hospital fosters, or a foster person that plans on returning the animal to S.A.C.C. after the need for fostering is no longer necessary. In addition, any outstanding fosters of a longer period of time are being contacted to finalize the appropriate disposition of that animal.

Shelter staff does have individual files, as well as a few officers that foster for the shelters. It is required that the animal kennel card and their foster paperwork be available until the animal returns to S.A.C.C.

Many of the records have been located and files are being consolidated for easier review and access. As it was, employee records were kept in a separate cabinet, and the Doctor had some records due to ongoing medical treatment. Other records were not updated properly to show the final disposition and to remove from foster inventory. This has been addressed with staff and will be corrected. There are still ten (10) records that need to be corrected or located. Staff members (two of which have both worked the foster program) will get those files in order.

Finding 9:

The Animal Services Policy and Procedure Manual are not current and contain policies that conflict with policy/administrative directives that are currently in place.

The Animal Services Policy and Procedure Manual are not current and contain policies that conflict with policy/administrative directives that are currently in place; however, administrative personnel have indicated that the manual is currently being rewritten. Example: Animal Rescue Organizations Guideline ARO-100, Page 101 requires that "All animals placed with a rescue organization must be spayed or neutered prior to placement. The rescue organization will pay \$70.00 for dog rescue and \$50.00 for cat rescue. An interview with the staff DVM revealed that it is neither feasible nor possible to spay or neuter all animals being disposed with a rescue organization. In addition, not all rescue organizations are being charged a fee for animals being rescued.

Recommendations:

1. We recommend the Animal Services Policy and Procedure Manual needs to be rewritten and distributed to all SACC personnel.
2. We recommend all policies and procedures that are augmented through administrative directive, such as a memorandum, should be revised and distributed to all personnel to ensure that manuals are kept current and all staff are informed and working consistently and commensurate with policy.

County Management's Response: *Policies and Procedures are being addressed to reflect policy changes and/or recent administrative directives issued over the past three months. Group supervisors have been tasked with presenting draft changes by the end of June.*

Auditor's additional comments: The auditor agrees that an action plan for the development of intake procedures, revisions of code, and revisions of policies and procedures are needed.

Finding 10:

There is a lack of communication and many SACC employees do not have an email account.

All SACC employees should have an email account that can be accessed through one of the agency computers. Currently, email communications are sent to select SACC personnel, printed, posted in various locations at the shelter with the words "ALL STAFF PLEASE READ" on the email. This method does not ensure these communications have been delivered and read by all staff members.

Recommendations:

1. We recommend all SACC personnel should be assigned an employee email account.
2. We recommend all personnel be encouraged to check their email accounts several times per week, on agency computers, for necessary information.

County Management's Response: *All employees did have e-mail accounts at one time but were not being used. When Animal Services was incorporated into the county's network and new e-mail addresses had to be assigned, users that had not accessed their e-mail accounts were not provided new accounts. However, any staff member that requested an e-mail account was provided with one. It should be noted that the majority of staff did have e-mail accounts. There was only 10 employees who needed e-mail accounts created.*

E-mail accounts have been re-established for all employees and they will be provided specific instructions for accessing their e-mail account. Instructions will also be provided the information to access their accounts from home, if they so desire, along with training on Public Records information. Employees will be required to check their e-mail accounts on a regular basis. They will sign an acknowledgement once they are provided with this information that will be maintained as part of their training file.

Finding 11:

There is a lack of consistency on the fee being charged for the adoption of animals.

All adoptions for the month of January and February 2009 were reviewed for required adoption documentation and appropriate fees. The review revealed a lack of consistency on the fee being charged for adoption. While the reviewers noted that not all adoption fees will be consistent due

to special adoption events, some individuals were not charged an adoption fee and no supporting documentation of why the fee was not imposed existed in Chameleon or the kennel card.

Recommendations:

1. We recommend SACC personnel require *all* adoption records be complete and the appropriate adoption fee be charged for all adoptions in accordance with Animal Services Guidelines AA-100, Page 1 of 1.
2. We recommend all deviations concerning adoption fees being fully documented in Chameleon and on the kennel card.

County Management's Response: It was explained that fees may vary on special adoptions or when there is incidents that a citizen may have provided additional care to an animal in foster, such as medical. The one card that was a concern reflected a fee change. This was for the adoption of two cats to volunteers. These cats were fostered by the volunteers on August 19, 2008. At that time the kittens were bottle babies (see photos in data base) and only returned to the center when they were old enough for possible adoption. The volunteers brought the kittens into the Center on event days and tried to find them homes. They also took them to SPCA to see if placement could be done there, but with no success. It was not their intention to adopt these kittens, but with no success in placement, they adopted them on February 7, 2009. Neither the doctor nor did the shelter supervisor have an issue with the adoption fee being waived and only a tag fee was charged due to their own expense in providing for the animals over this period of time. Flexibility must be allowed for these type circumstances.

Auditor's additional comments: The waiving of an adoption fee is understandable by the auditor; however, such deviations should be properly documented into the Chameleon system. This documentation may provide helpful should an assertion be made that a fee should have been collected rather than properly waived as authorized by management.

Finding 12:

Most SACC personnel have not received a performance appraisal since 2004.

A review of SACC personnel files in Brevard County Human Resources revealed that most SACC employees have not received a performance appraisal since 2004. Performance appraisals are important to employees' professional development and for ensuring that employees are meeting the agency's goals and objectives effectively. In addition, performance appraisals enhance agency communications, provide an opportunity to effectively address performance problems, and improve employee morale. Discussions with SACC management indicate that they are aware that current performance evaluations are needed and are currently a work in progress.

Recommendation: We recommend that all SACC employees have current performance appraisals conducted and copies be provided to Brevard County Human Resources to be placed in official personnel files.

County Management's Response: *All evaluations have been updated except for one employee who is on extended leave. The Interim Director has reviewed the appraisals and has forwarded them to the Human Resources Department.*

Auditor's additional comments: A random review of personnel files of six (6) SACC employees revealed that four (4) had current evaluations on file, three (3) that were completed in May 2009 and one (1) that was completed in June 2009. The other two employees did not have an evaluation in their personnel file in Human Resources.

Finding 13:

The number of active SACC volunteers is half what the application records indicate.

SACC personnel was requested to provide the reviewers with copies of all volunteer applications received 1/1/2008 to the current date and a list of active volunteers. SACC provided copies of applications for sixteen (16) "active volunteers" and almost 100 applications for non-active or "other" volunteers. Of the 16 active applications, telephone interviews revealed that only 8 were actively volunteering. (Two of the active applications did not have current or working telephone numbers). *The reviewers considered active volunteers as those that volunteer at least four (4) hours per week and have volunteered at least once in the past 30 days.* It should also be noted that the volunteer applications that were not marked as active volunteers were all for youth grades 7 through college undergraduates.

The following information/sentiments were obtained during telephone interviews from the eight (8) active volunteers:

1. All eight (8) active volunteers contacted stated they had attended a volunteer orientation.
2. There is a lack of volunteers, especially for the morning hours.
3. SACC is consistently short-handed.
4. The telephone system is inadequate.
5. The facility is not large enough and is in need of expansion.
6. The presence of distemper in the shelter has influenced some volunteers to refrain from volunteering.
7. One of the volunteers listed as an active has never volunteered at the shelter.
8. One of the volunteers listed as an active volunteer has never been contacted by SACC staff since he completed the application.
9. All eight (8) active volunteers contacted stated their experience as positive and will continue to volunteer, although two were concerned about the presence of distemper.

Recommendation: We recommend that more emphasis be placed on the solicitation, training, and encouragement of active volunteers.

County Management's Response: *The Department has identified a Volunteer Coordinator who will coordinate the interests of the volunteers and the needs of the shelters. The Department has met with other Volunteer Coordinators in the County in an effort to build an aggressive and effective program. This is an ongoing priority project.*

There was a slight setback. The previous Volunteer Coordinator indicated that she no longer wanted to serve in that position. She agreed to remain in her position until the Department could name her replacement. We have identified one of our Customer Services employees who have prior shelter experience as our new Volunteer Coordinator. She has begun her new assignment and will hold an orientation meeting at S.A.C.C. for new volunteers on Saturday, June 8, 2009.

In the meantime, staff continues to make contact with those individuals who have submitted their volunteer application.

Finding 14:

Bank deposits are not timely.

A review of all deposits for Animal Enforcement, for the period of Oct 2008 through March 2009, reveals that the average number of days between receipt and deposit is 10; and 81 receipts (21%) were deposited 15 days or more after day of receipt. See chart below.

Departments (SACC, NACC, and Enforcement) send their daily reports, cash, and checks to the administrative office. Administration staff prepares deposits each Wednesday. Administrative staff stated that SACC and NACC do not always submit the funds for deposit on a timely basis. Administration staff can only deposit funds that have been received. Based on this procedure it should take an average of 5 days from receipt to deposit daily funds. Funds not deposited in a timely manner can result in lost funds.

**Brevard County - Animal Services & Enforcement
Analysis of Receipts – Day to Deposit
For the Period: Oct 2008 – March 2009**

	Oct 2008	Nov 2008	Dec 2008	Jan 2009	Feb 2009	Mar 2009	TOTAL
Number of Daily Receipts	74	61	61	71	65	62	394
Average Days to Deposit	11.0	12.4	10.4	9.9	7.4	9.9	
Maximum Days to Deposit	22	27	36	22	22	31	
Minimum Days to Deposit	1	0	0	0	0	0	
# Receipts that took over 14 Days	16	21	15	9	6	14	81
% Receipts that took over 14 Days	22%	34%	25%	13%	9%	23%	21%

Recommendation: We recommend procedures be established to ensure funds are deposited timely (also see Finding 16).

Finding 15:

Deposits are made by administrative staff that is located at the Administration Office Sarno Road instead of SACC.

Each day SACC staff sends, by county courier, to Administration (located on Sarno Road): “Daily Cash Receipts Detail” report, “Cash Box Closing Report”, a copy of each transaction, all signed credit card transaction slips, and cash and checks received that day. Deposits are prepared each Wednesday by the accounting administrative staff. Funds deposited are based on funds received the past week.

Proper accounting procedures over cash require funds be deposited daily. An appropriate staff member at SACC should print a deposit report, reconcile the report and prepare the deposit for the bank. However the system currently does not have such a report. Then a different SACC staff member would review, authorize and deposit the funds directly to the bank. A copy of that deposit report and the bank deposit receipt would be sent to administration along with all other information they currently receive.

Recommendations:

1. We recommend Administration consider an alternative procedure that would require SACC staff to deposit funds daily.
2. We recommend Administration request from Information Technology a report that would automatically generate a daily deposit report.

Finding 16:

The cash register does not provide a summary report of revenues by revenue type necessary to document revenues entered in SAP.

As a procedure, for each bank deposit and revenue transaction for SAP, administrative staff prepares a spreadsheet that lists each transaction. This procedure is very time consuming and unnecessary. It duplicates **ALL** the information entered into the cash register. However, since the information is already in the cash register, Information Technology could write a mini program to produce a report that meets the needs of the administration staff.

Recommendation: We recommend Administrative staff request from Information Technology a report that would summarize revenues by revenue type.

County Management’s Responses for Findings 14, 15, & 16: A shelter deposit procedure has been written and approved by the Interim Director for distribution that includes daily deposits by each shelter and procedure for reconciliation for all transactions. In addition, a report is being developed in the data base that will provide appropriate information for revenues entered in SAP.

Additional review information: The Brevard County Animal Services Guideline ARO-100 requires the following information be on file with Animal Services before any animal may be released to any Animal Rescue Organization:

- *Mission Statement*
- *Policies and Procedures*
- *Adoption Application and/or Contact*
- *Vet Reference*
- *Copy of State License(if applicable)*
- *List of all members that may have contact of any kind with the Animal Care Center regarding animals for rescue. This list must include the member's name, driver's license number, phone numbers(s), and date they became an active member of the organization.*

We attempted to review nineteen (19) rescues that were conducted in May for proper paperwork but found early in the review that many rescues do not have all of the required paperwork on file, as current, with the shelters. SACC personnel confirmed this and indicated they have contacted administrative personnel to help them create a mail listing so they can request updated paperwork for all rescue organizations.

Additionally, the guideline also states: "In an effort to save as many animals as possible the Brevard County Animal Care and Adoption Centers welcomes the opportunity to place animals with legitimate and genuine Animal Rescue Organizations. Animal Services has historically interpreted "legitimate" and "genuine" Animal Rescue Organizations to be those which have a 501(c)(3) tax exempt status. The Interim Director is currently communicating with the County Attorney's office for a clear determination whether or not a **501(c)(3)** status is required in order to be deemed as a "legitimate" and "genuine" rescue organization.