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DuPage County Animal Care and Control
Advisory Board Agenda

February 9, 2016 - 1:00-2:30 PM
OEM Chapel Conference Room
418 N. County Farm Road
Wheaton, IL 60187

1. **CALL TO ORDER**
   A. 1:07pm

2. **ROLL CALL**
   A. Present: Dr. Georgieanne Ludwig, Brian Krajewski, Dr. Helen Dane, Dr. Steven Rohrback, Suzette Quintell, Dr. Linda Kopija, Anna Payton, Dr. Russel Chapin, Patricia Harvey
   B. Absent: Sgt James Ruff, Kevin Dixon

3. **INTRODUCTION OF GUESTS**
   A. Dr. Alexander, Director of Cook County Department of Animal & Rabies Control

4. **APPROVAL OF MINUTES**
   A. DCACC Advisory Board Meeting Minutes – November 10, 2015
      i. Minutes Approved

5. **DCACC ADMINISTRATIVE UPDATE – Kristie Lecaros**
   A. Wrapped up 2015 with many exciting accomplishments a few of which include:
      i. 3rd year of ZERO euthanasia of any ADOPTABLE animal due to a lack of cage space
      ii. Live Release Rate 70% for 2015 – highest ever
      iii. Celebrated our 1st certified behavior consultation with Dr. Cirabassi for dog "Spec" made possible by the Foundation
      iv. We celebrated 74 adoptions at Wheaton Petco thanks to the efforts of volunteer Susan Dressler who heads up DCACC's Petco adoption program
      v. Working with the IT department to resolve immediate issues with lost/found reports and Animal Control database; also kicked off research of long-term solution that will meet our many technology needs
   B. Veterinary Administrator – on January 26th, Dr. Mary Carr separated from DuPage County Animal Care & Control
      i. Thanks to the already-established partnership with Dr. Ludwig and Lombard Vet Hospital, we were able to immediately reach out to Dr. Ludwig and by the next day had a plan in place for interim veterinary assistance.

ii. Dr. Ludwig has again stepped up to serve as Interim Administrator of DCACC.

iii. She and her staff have so far been instrumental in ensuring that our operations – even in the midst of a temporary relocation – continue to run smoothly and that our animals continue to receive the best veterinary care possible.

C. Phase I

i. Originally set to begin on Feb. 22nd, our Phase I construction project was moved up by more than a month.

ii. In December & January, our staff began implementing our Phase I relocation plan by:

iii. contacting our key stakeholders (volunteers, veterinary community, rescue partners, municipalities, etc.) to inform them of the upcoming move, and communicate ways in which they can help during our temporary relocation

iv. adjusting our hours of operation to better anticipate the intake flow of animals

v. adjusting protocols to ensure the health and safety of animals arriving at DCACC

vi. In an effort to move as many animals out of the shelter via adoption or rescue prior to the big move, the Foundation initiated a clear the cages subsidized adoption promotion for all animals which began on January 15th and is ongoing through the end of February. During this promotion all canine & felines are fee-waived, rabbits and small animals are ½ off their regular adoption fee.

vii. On January 28th our staff, together with Facilities Mgmt began the task of relocating our animals, supplies and cages to our temporary shelter located on the county campus 130 N. building. On January 29th, our staff again worked with Facilities Mgmt. to more our staff, office and furniture.

viii. The move went seamlessly and by end of day on Friday the 29th, our temporary facility us up and running.

ix. We opened for business the first day in our temp location on Monday, February 1st – the same day that demolition began on the permanent shelter.

x. The Phase I Project will consist of the following upgrades & improvements to the permanent shelter:

a. Brand new HVAC system
b. State of the art filtration system
c. Noise abatement via drop down ceilings
d. Natural lighting via skylight tubes
e. Fire suppression systems
f. A true canine isolation ward
g. Removal of elevated grates

xi. This project is due to be completed within 90-120 days.

xii. It is my hope that the next time this group meets, we will be back in our permanent facility.

D. Dr. Ludwig brought up the Foundation fundraisers and there was brief discussion including the Phase 1 Petapalooza - subsidized adoption program with fees waives for cats and dogs, and reduced fees for small/exotic animals.
   i. Patricia Harvey - April 23rd is the Anti-Up for Animals casino night fundraiser. In the past, it was a traditional dance, buffet, etc… now there are going to be more activities. This is the largest fundraising event for the Foundation which helps fund things like the renovation, promotions for animals. There will be sponsorship and attendance opportunities, Patricia will reach out to the Board separately to discuss.

E. Question from Dr. Rohrback regarding the reason(s) for Dr. Mary Carr's dismissal. Tom Cuculich responded that it is a personnel matter and they can't go into it. Dr. Rohrback asked who decides. Tom Cuculich responded Senior Staff and the County Board. He went on to add that there is a roll for Advisory Board to help recruit a new vet by assisting with the job description, interview questions. The last time, there was a veterinarian in the interview and they would like to do this again. This position needs specialized help during this recruitment process and he hopes to have input from Dr. Ludwig and others. Dr. Rohrback said that we've lost 2 vets recently and was wondering what the deal was, and felt like it had been a mystery, hush hush. Tom Cuculich stated that it is not a mystery, it is the law. The county follows the laws of employment. Dr. Dane asked that if there's something they (Board) need to do, are we lacking in what we're requiring the person to do, are too many requirements, etc… Tom Cuculich said that during the last recruitment process they only received 4 resumes and only 2 were viable candidates. He asked that if the Board has any feedback, to please let him know including where to send advertisements. Dr. Ludwig mentioned the AVA Career Center. She said that they should look for someone who does the work of veterinary medicine and is also a leader. Someone people can call on for advise, who people can call to get information or assistance. Someone who can be a public health spokesperson and also the veterinarian. Dr. Chapin said that the North American meeting that happened just recently would be a good place to recruit. Dr Ludwig – There is definitely a roll for Advisory Board. She has reached out to University of Florida. We need to be clear on what is needed and fully support that person. Brian Krajewski asked Tom Cuculich to circulate job description. Tom Cuculich said he will send to Amanda Talsma to send out. **Feedback should be sent Amanda Talsma to consolidate and send to Tom Cuculich. [Send feedback to Amanda Talsma no later than 5:00pm Tuesday 2/16/16]**

6. **GUEST SPEAKER -** Dr. Donna Alexander, Director of Cook County Department of Animal & Rabies Control, Guest Speaker on CIV preparation in DuPage County
   A. Dr. Ludwig asked her to attend to share her insights on K-9 influenza.

B. Handouts from Cornell's health study. Most recent facts from 12/19/2015 – 2/2/2016. One problem with K-9 influenza this year is people are asking us earlier in the year, last year we didn't start recording until around March and we didn't have a definitive diagnosis until April and May. Many people were not testing, they were just reporting in January and February that there were bad cases. Was not reported as influenza until veterinarians started seeing patients not getting better and some deaths. That is when it became more of an ad hock reporting. No centralized loc. In March last year, the CVMA said there an outbreak. We put out a letter asking CVMA veterinarians to please contact Dr. Alexander's office with information. They started getting a lot of information, however 73% of people reporting were still not testing. In March, they had 370 cases of what… they weren't sure if it was chemical or influenza. They identified that it was a new strain of K-9 influenza and they asked people to start testing. Owners were somewhat reluctant based on many factors including cost. This year, people are doing the test, for this 2 month time period, they've already reported 13 positive cases in Chicago. See from the handouts, the data is collected from Cornell University's many reporting stations across the US. This is not just a Midwest problem, it's across the US.
C. If you look through, you'll see last year's map: culmination of 3815-2216, you can see the spread is much more than what was actually recorded in newspapers around here. Shows us that animals traveling are a part of the problem. Not as many cases this year because we all know about it and are taking precautions. Now we need to educate the public, which is difficult as they might disagree or visit a website saying don't vaccinate or we are over vaccinating. Other sites will advise to try to stay away from groomers, boarding, etc… They had just as many irate sites from groomers and kennels that had to shut down. People were also told not to go to dog friendly parks and there were people jumping the fences to get into the parks.
D. We are trying to mirror what CDC does. In the next couple of weeks they will have a veterinary reporting link on the Cook County Department of Animal & Rabies Control website. Fill it in and submit and it goes directly that organization. Include any and all things you have seen: drug resistant heartworm, K-9 influenza, report anything if you're seeing an abnormal amount, include info about tests, age range, vaccination history, etc… leave blank if you don't have the info. Working with CDC, if we start voluntarily in different regions, we'll get better data.
E. It is still in the area - Washington state had their first positive last week and are saying it is not as serious as it was last year. They didn't have any fatalities, we did. Dr. Alexander hopes it is not as severe this year and that people will get vaccinated. We do have a vaccine against the Asian strand.
F. Dr. Kopija asked if they are recommending both or just one. AHA said to do both - If you have to choose, get the new one. It usually only gives one year immunity.
G. Dr. Dane asked what they are seeing mortality wise in the last few months. Dr. Alexander said they have seen none in the last few months. Last year there were 11, CDC report only says 8, so they might not have all the data.

H. Dr. Ludwig said that Lombard Veterinary Hospital had 2 deaths and they were definitely flue related. This affects our agencies and can shut us down. The virus was introduced by 2 rescues from Cook. They came in with no symptoms and then 7 days later, died. The owner's neighbor's dogs also came down with it.
I. Anna Payton saw it at Naperville Humane Society. They shut down dog adoptions for a month. Once they opened we could not do dog to dog introductions and impacted us for at least 2 months.
J. Dr. Alexander commented that this creates an overcrowding situation because you want at least a 2 week time period to make sure they don't show any signs or symptoms, that adds 2 weeks to the hold or adoption time at the facility. Puts a strain on shelters and fosters. Impacts the community as a whole. The distribution was from all over, not just Chicago; we just had the largest number.
K. Office Barbara Anthony stated that they currently track rabies, and asked if they should begin asking if their dog has become symptomatic with K-9 flu.
L. Dr. Alexander stated that her organization is planning on adding a letter to the rabies observation letter for animals coming from the Asian areas saying this is what we suggest. In the Baltic areas we don't know what is going on there? They're wondering if they should give that letter to any dogs that come in from any other country. The question then becomes, what do you tell them? We can suggest they vaccinate. We really need to get out to the public a facts and answers sheet. They look at us as the experts. We want people to continue to go to shelters and adopt.
M. Dr. Ludwig asked how many phone calls they receive. Dr. Alexander responded at least 30 a day. Newspapers will call them as well. It would be best to have clear and open communication if a shelter needs to close down/stop adoptions, etc… Be completely honest and open by saying 'we are trying to stop the spread of disease from getting into the community.' We had to stop a lot of programs last year. We had to put in safeguards at clinics. We need to stress that this is to keep their animals healthy.
N. Dr. Ludwig asked about the positive or suspected data from CCACC, how long where they in the system before they were cleared? What would she recommend if we start seeing it at DuPage County. Dr. Alexander stated that there should be 2 negative tests separated by 2 weeks before they're put into circulation (adoption or out of isolation). This means that shelters now have the expense of testing and holding the animal. They were shut down for 14 days and that included 4 separate disinfections of the facility. Required that other rescue groups pulling animals keep them separate until they are sure. Dr. Ludwig commented that the euthanasia rate must have skyrocketed during this time. Dr. Alexander stated that it had to have. Everything took much more time and affected frequency of services to the public. Microchiping, she would have to gown and glove and disinfect everything (surfaces, floors) in between dogs at low cost clinics. As long as it doesn't affect humans, people don't seem to take it seriously
O. It has been confirmed that it can transmit to cats. No positive cases in humans.
P. Dr. Ludwig brought this up a couple weeks ago and wants to have a plan.

Q. Kristie Lecaros stated that she and Bill Babyar met with representatives from Health Department and Facilities and they came up with temporary isolation location during Phase 1. In addition we are incorporating a true isolation ward in our permanent building. The temp location can still be used as overflow after the move back into the facility. The plan they've come up with can be easily and quickly implemented.

R. Dr. Ludwig asked what recommendations Dr. Alexander has to DCACC staff. She responded that they have to wash hands, no sharing of leashes bedding, etc… don't let dogs lick your face, etc… We need to educate staff. Dr. Ludwig asked if there any written protocols? Dr. Alexander said to look on the Chicago ACC, Anti-Cruelty, Animal Welfare websites. Dr. Chapin stated that dogs are shedding the virus before present with symptoms which is a no win situation.

S. Kristie Lecaros asked that if any animal comes in with a cough, etc… Dr.s Ludwig and Alexander stated to separate immediately. Dr. Ludwig said that she received a call from a shelter that was looking to quarantine for 7 days. Dr. Alexander said it should be 14 days.

T. Tim Harbaugh asked about what entailed the 4 disinfections at the previously mentioned facility.

U. Dr. Alexander said Chicago ACC broke down all cages and soaked the stainless steel; everything was soaped up and scrubbed out. They were doing a renovation which made it easier for them to do. Even groomers took up everything and disinfected.

V. Dr. Kopija asked how long is the virus viable, 48 hours? Dr. Alexander stated 48 hours AFTER cleaning with soap and water has been done. Shouldn't be that long when using ammonia, etc. If you do nothing and it just dries out, and then it gets remoistened, does it become active again? They're not sure.

W. Dr. Kopija asked if a previously symptomatic dog doesn't have symptoms, should be isolated for a month after symptoms subside, etc… Dr. Alexander if you're dog just came out of the hospital and they were not tested and were negative - no groomer, training classes, dog parks, etc… you wouldn't want someone to do that to your dog. 73% of animals that present don't get tested.

X. Dr. Ludwig said that Merck is providing free testing for flu and kennel cough, we should be looking at this and testing more.

Y. Barb - ACOs transport afterhours - what is your minimum recommendations for disinfection of vehicles where you have to go on another call 20 min after you've dropped off an animal or wildlife.

Z. Dr. Alexander stated that there is no good answer for this. You could have a contaminated vehicle. When in doubt, scrub rinse, scrub rinse, scrub rinse. And then rinse rinse rinse. Then you're a little bit safer. They switched their Officers from rubber cloves and animal catching gloves and having them put on disposable gloves underneath cloth gloves and then wash the gloves, clothes, etc… every night. They shouldn't wear their close home.

AA. Dr. Ludwig offered her and the Advisory Board's thanks to DR Alexander.

7. **BOARD DISCUSSION -** Review of Euthanasia Standards & Discussion – Anna Payton
    A. FYI - Tentative Date for Euthanasia sub-committee meeting 1 PM, Wed Feb 17, 2016
    B. Dr. Ludwig: Intro and overview by Anna Payton, then information from people that are actually involved, then discussion. The subcommittee will get more in depth.
    C. Anna Payton stated her background, is currently the Executive Director at Naperville HS, past worked at DCACC as an ACO, humane education, etc…
    D. This is a most challenging topic. This is a topic we could spend hours discussing. There will be no decisions on this topic today, but want to hear people's viewpoint and feedback. Will discuss more in depth at the subcommittee. Wants to hear from the staff on day to day, challenges, what's working, what could be changed, what you need help with.
    E. Christina Anderson, Lead Animal Caretaker – Evaluation Process
        i. Behavioral Profile (filled out by owner):
            a. Used to determine if dog is a previous biter. If dog has a documented bite dog will be euthanized upon intake.
            b. Used to learn more about dogs behavior with strangers, veterinarians, etc. to determine how to approach dog with further handling.
            c. Is sometimes used in overall assessment of animal to determine final outcome if documented behaviors are also seen in shelter, or the risk of releasing the animal is too great.
            d. Behavior in lobby/during intake exam:
            e. Not used to make final decision, but all behaviors exhibited by dogs coming in are noted and kept in mind when handling animals during their stay at the shelter.
            f. Mostly used to determine if we can vaccinate safely, which run to place dog in (Gen pop or isolation)
        ii. Behavior in cage:
            a. We document any behaviors noted in cage because there are often differences in reactions to strangers, dogs, etc when behind a barrier vs. out of cage.
            b. We learn a lot about dogs while going in and out of their cages for cleaning, feeding, socialization etc.
            c. Occasionally there are dogs that are not safe to be handled or removed from their cages after their acclimation period and the decision has to be made to euthanize.
        iii. Behavior during handling (out of cage):
            a. This is one of the more important portions of our evaluations because we are observing and recording behaviors that we see outside of a temperament evaluation.
            b. We learn a lot about dogs interactions with strangers, other dogs, visual stimulation, handling, resources, playing, etc. by interacting with them during their time out of their cages.

c. Sometimes we see extreme behaviors that cause caretakers to feel it is unsafe to evaluate the dog at all for safety purposes. If there is not a safety concern, but questionable behaviors are observed we always aim to complete a formal temperament evaluation.
d. This is also an important part of our evaluation because many times we see certain behaviors outside of the temperament test and it is important to document these. (ie. If a dog tries to attack another dog during a walk but is friendly with dogs during a formal evaluation, both events need to be taken into consideration.)

iv. Formal Temperament Evaluation:
a. We use Sue Sternberg's Assess-a-pet evaluation. We do not have the resources to do a couple parts of the evaluation (the child test, and the cat test) , but we perform all of the handling and introductions
b. This test assesses a dogs sociability, behavior during handling, behavior around strangers and other dogs, resource guarding.
c. The test is multi-faceted and asks for a dog to engage in a variety of "tests" where their behavior response is evaluated. Some dogs "pass" with flying colors and they are safe for adoption. Some dogs pass some areas and are borderline in others putting their behavior in a "gray area" category. These dogs are often rescue candidates where they can be worked with further and behavioral problems improved upon. If a dog has "clear fails" and/or If they are unsafe to handle or the risk is too great the decision is made to euthanize.

v. Behavior during veterinary exam:
a. Dogs behavior is observed and noted during veterinary exam.
b. Careful decisions must be made when evaluating dogs based on their behavior during this exam as it is extremely stressful and often dogs have negative pain responses.
c. Continued observance of animals while in our care:
d. Even after a dogs outcome is determined (adoption or rescue) we continue to observe their behavior during interactions, in their cages, etc.
e. Sometimes we have to change our decision based on a behavior we see after or outside of a formal temperament evaluation. These decision changes can go either way. We have dogs that were slated for rescue because of their fear of the kennel, who then became adoption candidates and we have had dogs on the adoption floor show aggressive behavior and their outcome had to be changed as well.

vi. External Factors:
a. Unfortunately we are often forced to make decisions based on the likelihood that other organizations will be able to rescue dogs from our facility. Some examples:

b. Dogs who are gray area in their dog-dog interaction are hard to place in rescue because a large majority of foster based rescues can't place dogs like these in foster homes (as they have dogs of their own).
c. Large dogs (often and unfortunately most commonly Pits and pit x's) who have any gray areas are very hard to find rescue for and it is always a struggle even to place the dogs who pass perfectly.

vii. Health-
a. Dogs that are in dire health and cannot be rehabilitated are most often euthanized.
b. Certain health issues can be worked with or corrected by us/the foundation. If we do not have the resources and the prognosis would be good with treatment we will reach out to rescues. However, we often have more resources than many rescues and this could create a circumstance where we would have to euthanize.

F. Dr. Ludwig asked if older animals with health issues are relinquished often?
G. Christina Anderson stated a lot - people will comment that they can't afford to take them to the vet to be seen or euthanized.
H. Dr. Kopija asked if she feels a lot of them are very ill or owners just don't want to pursue treatment.
I. Christina Anderson said that we currently have yorkie that's 11 that had 3-4 seizures but is a really nice dog. He seems to have a good quality of life. We have to ask what is the likelihood of someone wanting to take him on. These are the types of situations we have to take into account when deciding the outcome.
J. Dr. Ludwig said that in some cases it's best to let that animal go and euthanize.
K. Christina stated that Dr. Ludwig brought up last week that we don't want someone to have to put their adoption cat down in 6 months.
L. Dr. Ludwig stated that if the adopter goes in knowing the situation, its better, but when it's a surprise, it's a real hardship.
M. Christina Anderson stated that there are some people and rescues that because there is a pop of people who want to help and take care of them and can handle the emotional toll.
N. Anna Payton said what we all do for our animals might not be what the average person or rescue would take on.
O. Officer Anthony stated that the majority of clients don't want to manage behavior or health issues. We tolerate a lot of things from our own pets that the general pub wouldn't.
P. Christina Anderson talked to when you have a dog that fails, you care for and about them. Have to take into account public safety, and also think about what's going to happen if someone takes them home? Are they just going to lock them in a crate day and night? They don't want to work with them and they have an awful quality of life.
Q. Dr. Ludwig we need resources for the person that wants to relinquish to try to keep that animal in the home.
R. Christina Anderson said that when people call about relinquishing their pet, ask why, see if there are any options. Maybe helpline to counsel these people.

S. Kristie Lecaros said that there are a lot of opportunities for pre surrender counseling, at surrender counseling, and post adoption counseling. We should provide these services proactively. By the time this person gets to our counter, their mind is made up. If we can catch them before they come in, that would be best.
T. Officer Anthony suggested that the person has to go through this counseling before they can relinquish. Make them more accountable. Have a process that they have to complete.
U. Christina Anderson said that a lot of the time, we're their last resort. Need to ask ourselves what they will do instead if we can't take them. Are they going to drown the animal or leave it tied up to a tree?
V. Officer Anthony said that people will threaten to shoot their animals, etc… but never actually follow through. They usually try Craigslist, family member, etc… first. We've had people pass through 15 family members before they come to our facility. This might deter them.
W. Anna Payton said that it's a sad reality. Knows of one that was shot, she's picked up dogs from dumpsters, dogs that are left out in fields to parish on their own but it is low. We need to meet people where they are, no judgment, how can we help them be successful so the animal can stay. One time a gentleman brought his dog to the shelter because he was chewing up the couch. Shelter gave him a crate and talked to him about neutering to help with behavior.
X. Pat Harvey had a question to veterinarians about the yorkie that has seizures, many senior dogs have seizures, they might need medication but their quality of life is pretty good. How expensive are the medications? Someone might not want to take on a senior or special needs dog.
Y. Dr. Ludwig said it all comes down to if there is a home for the dog. She has been involved in adopting older dogs. If a person needs to invest $1500 a year, then there might not be a home for that dog.
Z. Dr Kopija - Also we don't know if they have suffered from them their whole life or is it a new symptom (brain tumor).
AA. Pat - was wondering if the Foundation could provide resources, but they are correct that they don't know what the past medical history is.
BB. Dr. Chaplin most of it depends on the temperament of the owner - someone who has a dog that has a seizure every 3-4 months and might not be able to handle it. Need to base it on the tolerance of the person as well.
CC. Dr. Ludwig said that if the seizure are brought on by stress, is there a foster home that could take that dog? What would be best for the animal
DD. Dr Dane said that when someone brings a dog in for care, there is always a lot more going on than just what they're saying.
EE. Officer Anthony said we have to look at the bigger picture as we have limited resources.
FF. Dr. Kopija mentioned a resource list of people that would take this sort of pet.
GG. Christina Anderson said that the yorkie wouldn't be adopted through us, it would go to rescue and probably a breed specific rescue. Those rescues have people going to them looking for those types/breeds of animals. Those rescues have

better resources for that breed. Every animal is evaluated independently. If the rescue is full, what do we do?

HH. Pat Harvey - The Foundation is here to help, etc… like the crates. Would money help?

II. Christina Anderson said that DCACC used to do things like that. Once 5 cats came in and the only reason they were being relinquished were because they had fleas. They gave them flea treatment and they went home.

JJ. Kristie Lecaros said regarding returned adoptions that they've done things assist to help not have that animal come back.

KK. Dr. Ludwig - How can we work with the community and Foundation to explore all resources? Also have to think about holding spots for desirable vs. non desirable animals and asked Christina to speak to that. Christina Anderson said she spends a lot of time daily on population management. What needs to be done, who is going where, and putting deadlines on dogs. We can't hold them (rescue candidates) forever.

LL. Kristie Lecaros deadline is for rescue candidates. Adoptable animals are available until they find a home.

MM. Dr. Ludwig stated she has visions to work with veterinary community to promote those animals with the timeline on it.

NN. Barb – Veterinarians will have good res of rescues that might want that animal

OO. Question regarding adoption candidate vs. rescue candidates:

PP. Christina Anderson said that an adoption candidate is ready to go out the door. Rescue Candidate may have minor behavior or some medical need.

QQ. Kristie Lecaros stated that there is one reason we have one as a rescue candidate instead of an adoption candidate because we are limited by our adoption application. We have one right now and are seeking rescue. We cannot deny an adopter based on subjective reasons. If you have a household where everything checks out but you get the feeling that something in the household isn't ideal for the dog, it doesn't matter, you still must adopt to that person.

RR. Dr. Ludwig and many other Board members asked/said at the same time things like why can't we or how can that be.

SS. Officer Anthony asked Brian Gorka (Assistant States Attorney) to explain why we cannot deny an adopter, even though they've passed the application process, based on the fact that we know they are not skilled enough to adopt this particular animal. (Considered a subjective reason)

TT. Brian Gorka said that because we are a shelter run by the government, we have to have a defined reason why we are not adopting to someone otherwise it can be viewed at discriminating.

UU. Officer Anthony asked about our experience and said we should be able to do that, we want to put that animal in the best situation. Dr. Ludwig stated that there might be a certain history with an animal that we know is going to require a specific type of home and it's not subjective, it's based on criteria. One member asked if we could qualify the criteria, e.g. this dog requires an owner with at least 3 years of large dog experience. Dr. Ludwig said that right now we can say that

this dog can't go to a home with small children and wonders why we can restrict that.

VV. Brian Krajewski as if is the shelter staff's subjective really subjective or is it objective. Officer Anthony stated that we can't because of a comment someone made. Brian Krajewski said that would be objective. That is what the interview is for. Subjective is that I won't adopt to them because I don't like them, but objective is based off of experience.

WW. Kristie Lecaros said that there are times during a conversation that you know the person is not listening and don't care what you are telling them about an animal and are just telling you what they think you want to hear. Brian Krajewski asked if we could write down on the application - that they're not listening. Anna Payton stated there should be an option that the application was turned down on the discretion of the staff. She put that in when she wrote the policy for Kendall County Animal Control when she was the Director, which passed their States Attorney's office. Brian Gorka stated that you have to have and state a reason.

XX. Dr. Ludwig said that we need to look at the application process that Anna Payton wrote for Kendall County. Brian Krajewski said he has heard multiple people mention Austin, TX shelter. They have over 18000 dogs each year and they get 95% going out the door. Several people saying Austin is #1. Maybe we should find out what they do. He said McHenry County is trying something diff with their cats, more with Barn cats, etc… go out and look at best practice and incorporate.

YY. Patricia Harvey said that one thing Austin did was partner with Best Friends organization. Best Friends has approached the Foundation and the shelter management at that time to partner with them and become more of a model shelter. The organization has help that they can provide to get the euthanasia numbers down. Best Friends have 2 model shelters and Austin is one of them.

ZZ. Brian Krajewski asked what are the resources (dollar amount) we need? Staff, space - quantify that and figure out the price.

AAA. Suzette Quintell asked if the yorkie is euthanized for illness, does that not go into numbers? Christina Anderson answered no it does not. Suzette Quintell then asked how many people have to sign off on the outcome to euthanasia. Christina stated that she consults with the veterinarian and generally it's a collective decision and there is discussion.

BBB. Dr. Ludwig said that we have to think of the emotional consequences for the people involved in the decision - no one takes it lightly. They might not be able to move that animal into a safe spot. It's heart wrenching, and there is an emotional cost.

CCC. Anna Payton said that they need to know who makes the final decision and what are the checks and balances. Christina said that they do objective analysis which goes through her, then the vet, etc… Vet can only sign off on health. She (Christina) can sign off on behavior along with Officer Anthony and veterinarian. Taking public safety into account, they always try to do what's in the best interest of the animal. They just took a dog Spec to see a behavioral specialist and now Spec is in a foster home. We don't have the training to do some things.

DDD. Suzette Quintell said that the Foundation could help promote them on their FB page. They do a great job of including all the details on the animal.

EEE. Dr. Ludwig said that Lombard Veterinary Hospital has been an adoption facility for adoptions. Need to do a better job getting this info out to veterinary partners.

FFF. Anna Payton asked what training would you like to see, visits to another shelter, are there conferences, classes, can we have experts come in to train and/or discuss? We don't have to reinvent the wheel, look at what we can apply.

GGG. Brian Krajewski talked to Chairman Cronin and many county Board members and Chairman Cronin is creating a separate standing Board Committee just for Animal Control. Should have the first meeting in a couple weeks. We can look at needed resources and training.

HHH. Officer Anthony said that when looking at other facilities we have to look at other Animal Controls, because we are different from other shelters.

III. Note: Subcommittee meeting on February 17th

8. **OLD BUISINESS**
   A. We need to address rabies compliance. Agenda item for next time. DCACC staff have started looking into options.
   B. Review low income spay neuter program and potentially expanding to other services

9. **NEW BUSINESS**
   A. No new business

10. **PUBLIC COMMENT**
   A. Paula McGowen - Jackie and ginger have a wonderful home. She loves them very much. It takes someone special like her to take care of older animals. She thinks the dogs (in her opinion) were let go because of the food cost. A case is over $40 for their prescription food.

11. **ADJOURNMENT**
   A. 2:59pm