



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Environmental Health

Community Sanitation Program

23 Service Center

Northampton, MA 01060

Telephone: 413-586-7525, ext. 5863196

Facsimile: 413-784-1037 / TTY: 800-769-9991

Peter.Wheeler@state.ma.us

DEVAL L. PATRICK  
GOVERNOR

JOHN W. POLANOWICZ  
SECRETARY

CHERYL BARTLETT, RN  
COMMISSIONER

January 13, 2014

Michael J. Ashe Jr., Sheriff  
Western Mass Women's Correctional Center  
701 Center Street  
Chicopee, MA 01013

Re: Facility Inspection - Western Mass Women's Correctional Center, Chicopee

Dear Sheriff Ashe:

In accordance with M.G.L. c. 111, §§ 5, 20, and 21, as well as Massachusetts Department of Public Health (Department) Regulations 105 CMR 451.000: Minimum Health and Sanitation Standards and Inspection Procedures for Correctional Facilities; 105 CMR 480.000: Storage and Disposal of Infectious or Physically Dangerous Medical or Biological Waste (State Sanitary Code, Chapter VIII); 105 CMR 590.000: Minimum Sanitation Standards for Food Establishments (State Sanitary Code Chapter X); the 1999 Food Code; and 105 CMR 205.000 Minimum Standards Governing Medical Records and the Conduct of Physical Examinations in Correctional Facilities; I conducted an inspection of the Western Mass Women's Correctional Center on December 11, 2013 accompanied by Corporal Thomas Kalil, EHSO. Violations noted during the inspection are listed below:

**HEALTH AND SAFETY VIOLATIONS**

(\* indicates conditions documented on previous inspection reports)

**Lobby**

No Violations Noted

**Staff Dining**

No Violations Noted

**Culinary**

No Violations Noted

**Kitchen**

FC 6-202.11(A)

Design, Construction, and Installation; Functionality: Light bulbs not working in dairy cooler

**Staff Bathroom**

No Violations Noted

**Intake**

No Violations Noted

**Laundry**

No Violations Noted

**Minimum B**

*Laundry*

No Violations Noted

*Bathroom*

105 CMR 451.346

Safe Wiring: Missing cover on electrical outlet in stall # 3

*Showers*

No Violations Noted

*Cells*

No Violations Noted

**Minimum A**

*Laundry*

105 CMR 451.353

Interior Maintenance: Floor dirty behind dryer

*Bathroom*

No Violations Noted

*Showers*

No Violations Noted

*Cells*

No Violations Noted

**Unit 1A**

*Janitor's Closet*

No Violations Noted

*Day Area*

No Violations Noted

*Bathroom*

No Violations Noted

*Showers*

No Violations Noted

*Cells*

105 CMR 451.102

105 CMR 451.353

Pillows and Linens: Pillow damaged in cell # 2, 18, and 20

Interior Maintenance: Air vent dirty in cell # 6 and 15

**Unit 1B**

*Janitor's Closet*

No Violations Noted

*Day Area*

No Violations Noted

*Bathroom*

No Violations Noted

*Showers*

No Violations Noted

*Cells*

105 CMR 451.353

Interior Maintenance: Air vent dirty in cell # 16

**Unit 2A**

*Mechanical Room*

No Violations Noted

*Laundry*

No Violations Noted

*Janitor's Closet*

No Violations Noted

*Bathrooms*

No Violations Noted

*Showers*

No Violations Noted

*Cells*

105 CMR 451.353

Interior Maintenance: Air vent covered in cell # 1

*Sub Day Room*

No Violations Noted

**Unit 2B**

*Mechanical Room*

No Violations Noted

*Laundry*

No Violations Noted

*Janitor's Closet*

105 CMR 451.353

Interior Maintenance: Mop stored on floor

*Bathrooms*

No Violations Noted

*Showers*

No Violations Noted

*Cells*

105 CMR 451.353

Interior Maintenance: Air vent covered in cell # 5

105 CMR 451.102

Pillows and Linens: Pillow damaged in cell # 7, 8, and 9

Sub Day Room

No Violations Noted

**Medical**

No Violations Noted

**Programs**

No Violations Noted

**Observations and Recommendations**

1. The inmate population was 129 at the time of inspection.
2. Inmates complained about cold air temperature in Minimum A, ambient air temperature was taken in several locations with temperatures of no less than 70°F.

This facility does not comply with the Department's Regulations cited above. In accordance with 105 CMR 451.404, please indicate next to each entry on the inspection report a plan of correction. Said plan of correction must be submitted within ten working days of receiving this report and should detail the specific steps that will be taken and the date of expected compliance. The plan of correction should be submitted to my attention, at the address listed above.

To review the specific regulatory requirements please visit our website at [www.mass.gov/dph/dcs](http://www.mass.gov/dph/dcs) and click on "Correctional Facilities" (available in both PDF and RTF formats).

To review the Food Establishment regulations please visit the Food Protection website at [www.mass.gov/dph/fpp](http://www.mass.gov/dph/fpp) and click on "Food Protection Regulations". Then under "Retail" click "105 CMR 590.000 - State Sanitary Code Chapter X - Minimum Sanitation Standards for Food Establishments" and "1999 Food Code".

This inspection report is signed and certified under the pains and penalties of perjury.

Sincerely,



Peter Wheeler  
Environmental Health Inspector, CSP, BEH

cc: Suzanne K. Condon, Associate Commissioner, Director, BEH  
Steven Hughes, Director, CSP, BEH  
John W. Polanowicz, Secretary, Executive Office of Health and Human Services  
Luis S. Spencer, Commissioner, DOC  
James Kelleher, Assistant Superintendent  
Corporal Thomas Kalil, EHSO  
Lisa Sanders, RS, CHO, Health Director, Chicopee  
Clerk, Massachusetts House of Representatives  
Clerk, Massachusetts Senate  
Andrea Cabral, Secretary, EOPS