

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

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| DEVAL L. PATRICKGOVERNORJOHN W. POLANOWICZSECRETARYCHERYL BARTLETT, RNCOMMISSIONER |

April 30, 2014

Michael J. Ashe, Jr., Sheriff

Hampden County Sheriff’s Department

626 Randall Road

Ludlow, MA 01056

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 April 4, 2014 accompanied by Corporal Thomas Kalil. EHSO. Violations noted during the inspection are listed below including 1 repeat violation:

**HEALTH AND SAFETY VIOLATIONS**

(*\* indicates conditions documented on previous inspection reports*)

**Lobby**

 No Violations Noted

**Kitchen**

*Inmate Dining*

 No Violations Noted

*Staff Dining*

 No Violations Noted

**Staff Bathroom**

 No Violations Noted

**Intake**

 No Violations Noted

**Laundry**

 No Violations Noted

**Visiting**

 No Violations Noted

**Minimum B**

*Laundry*

 No Violations Noted

*Bathroom*

 No Violations Noted

*Showers*

 No Violations Noted

*Cells*

 No Violations Noted

**Minimum A**

*Laundry*

105 CMR 451.353\* Interior Maintenance: Socks behind dryer

*Bathroom*

 No Violations Noted

*Showers*

 No Violations Noted

*Cells*

 No Violations Noted

**Unit 1A**

*Laundry*

 No Violations Noted

*Bathroom*

 No Violations Noted

*Showers*

 No Violations Noted

*Cells*

105 CMR 451.104 Beds: Inmates sleeping on floor in cell # 10

105 CMR 451.103 Mattresses: Mattress damaged in cell # 13

**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: Debris on air vent in cell # 6

105 CMR 451.353 Interior Maintenance: Air vent blocked in cell # 9

**Unit 2A**

*Mechanical Room*

 No Violations Noted

*Laundry*

 No Violations Noted

*Janitor’s Closet*

 No Violations Noted

*Day Area*

 No Violations Noted

*Bathroom*

 No Violations Noted

*Conference Room*

 No Violations Noted

*Lower Showers*

 Unable to Inspect – In Use

*Upper Showers*

105 CMR 451.353 Interior Maintenance: Debris on air vent

*Cells*

105 CMR 451.353 Interior Maintenance: Air vent blocked in cell # 5 and 22

105 CMR 451.104 Beds: Inmates sleeping on floor in cell # 16

**Unit 2B**

*Mechanical Room*

 No Violations Noted

*Laundry*

 No Violations Noted

*Janitor’s Closet*

105 CMR 451.353 Interior Maintenance: Debris on air vent in cell # 6

*Day Area*

 No Violations Noted

*Bathroom*

 No Violations Noted

*Showers*

 No Violations Noted

*Cells*

 No Violations Noted

**Medical**

 No Violations Noted

**Programs**

 No Violations Noted

**Observations and Recommendations**

1. The inmate population was 149 at the time of inspection.

This facility does not comply with the Department’s Regulations cited above. In accordance with 105 CMR 451.404, please submit a plan of correction within 10 working days of receipt of this notice, indicating the specific corrective steps to be taken, a timetable for such steps, and the date by which correction will be achieved. The plan should be signed by the Superintendent or Administrator and 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](http://www.cfsan.fda.gov/~dms/fc99-toc.html)”.

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

 Sincerely,

 Peter A 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

 Patricia Murphy, Assistant Superintendent

 Thomas Rondeau, Standards and Training Supervisor

 Corporal Thomas Kalil, EHSO

Lisa Sanders, RS, CHO, Health Director, Chicopee Board of Health

 Clerk, Massachusetts House of Representatives

 Clerk, Massachusetts Senate

 Andrea Cabral, Secretary, EOPS