



# The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Environmental Health

Community Sanitation Program

5 Randolph Street

Canton, MA 02021

Telephone: 781 828-8046

Facsimile: 781 828-7703

Nicholas.Gale@state.ma.us

DEVAL L. PATRICK  
GOVERNOR

JOHN W. POLANOWICZ  
SECRETARY

CHERYL BARTLETT, RN  
COMMISSIONER

November 12, 2014

Thomas M. Hodgson, Sheriff  
Bristol County Sheriff's Office  
Dartmouth Women's Center  
400 Faunce Corner Road  
North Dartmouth, MA 02747

Re: Facility Inspection - Dartmouth Women's Center, North Dartmouth

Dear Sheriff Hodgson:

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 Bristol County Sheriff's Office Dartmouth Women's Center on October 30, 2014 accompanied by Lieutenant Andrew Mitzan, EHSO. Violations noted during the inspection are listed below including 12 repeat violations:

### HEALTH AND SAFETY VIOLATIONS

(\* indicates conditions documented on previous inspection reports)

#### Interior

##### **Visiting Area**

No Violations Noted

##### **Lobby**

No Violations Noted

##### **Officer's Room**

No Violations Noted

##### *Male Bathroom*

No Violations Noted

##### *Female Bathroom*

No Violations Noted

**Control Room**

No Violations Noted

**Laundry**

105 CMR 451.130\*

105 CMR 451.130

Plumbing: Plumbing not maintained in good repair, sink leaking

Plumbing: Plumbing not maintained in good repair, pipe leaking behind dryer

*Janitor's Closet*

No Violations Noted

**Food Service Area**

*Dining*

105 CMR 451.353\*

Interior Maintenance: Wall not maintained in good repair, paint peeling

*Kitchen*

No Violations Noted

*Staff Bathroom*

No Violations Noted

**A Wing**

*Bathroom*

No Violations Noted

*Bathroom Janitor's Closet*

No Violations Noted

*Showers*

No Violations Noted

*Day Room*

No Violations Noted

*Cells*

105 CMR 451.321\*

Cell Size: Inadequate floor space in all cells

**B Wing**

*Hallway*

No Violations Noted

*Bathroom*

No Violations Noted

*Showers*

No Violations Noted

*Bathroom Janitor's Closet*

No Violations Noted

*Cells*

105 CMR 451.321\*

Cell Size: Inadequate floor space in all cells

*Day Room*

No Violations Noted

**C Wing**

*Bathroom*

No Violations Noted

*Shower*

105 CMR 451.130\*

Plumbing: Plumbing not maintained in good repair, shower leaking at shower # 1

*Bathroom Janitor's Closet*

No Violations Noted

*Cells*

105 CMR 451.321\*

Cell Size: Inadequate floor space in all cells

*Day Room*

105 CMR 451.353

Interior Maintenance: Floor paint peeling

**D Wing**

*Bathroom*

105 CMR 451.130

Plumbing: Plumbing not maintained in good repair, toilet out-of-order outside janitor's closet

*Showers*

No Violations Noted

*Bathroom Janitor's Closet*

No Violations Noted

*Cells*

105 CMR 451.321\*

Cell Size: Inadequate floor space in all cells

*Day Room*

No Violations Noted

**Observations and Recommendations**

1. The inmate population was 80 at the time of inspection.
2. During the inspection, the Department recommended that all showers and cells be identified with a numbering system. This will assist the Department and correctional employees to better recognize where issues exist.

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".

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

Sincerely,



Nicholas Gale  
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  
Carol Higgins O'Brien, Commissioner, DOC  
Steven Sousa, Superintendent  
Lieutenant Andrew Mitzan, EHSO  
Wendy Henderson, RS, Health Director, Dartmouth Board of Health  
Clerk, Massachusetts House of Representatives  
Clerk, Massachusetts Senate  
Andrea Cabral, Secretary, EOPS