



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Climate and Environmental Health  
Division of Environmental Health Regulations and Standards  
5 Randolph Street, Canton, MA 02021  
Phone: 617-624-5757 | mass.gov/dph

**Maura T. Healey**  
Governor

**Kimberley Driscoll**  
Lieutenant Governor

**Kiame Mahaniah, MD, MBA**  
Secretary

**Robert Goldstein, MD, PhD**  
Commissioner

December 10, 2025

To: Shawn Jenkins, Commissioner, Department of Corrections (electronic copy)  
Kiame Mahaniah, MD, MBA, Secretary, Executive Office of Health and Human Services (electronic copy)  
Clerk, Massachusetts House of Representatives (electronic copy)  
Clerk, Massachusetts Senate (electronic copy)  
Christopher Petrucci, Captain of Operations (electronic copy)

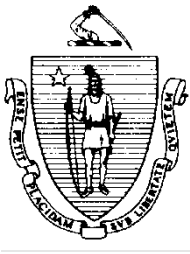
Greetings,

Pursuant to 105 CMR 451.403, please find the inspection report for Plymouth County Correctional Facility, the Plan of Correction (POC) from the facility, and the POC acceptance letter from the Division of Environmental Health Regulations and Standards (EHRS).

Sincerely,

Nicholas Gale  
Environmental Analyst, EHRS, BCEH

Cc: Robert Goldstein, MD, PhD, Commissioner, DPH (electronic copy)  
Terrence Reidy, Secretary, Executive Office of Public Safety and Security (electronic copy)  
Leontia Flanagan, Assistant Director, Dedham Health Department (electronic copy)  
Brianna Arruda, Director, Policy Development and Compliance Unit (electronic copy)  
Joseph D. McDonald, Jr., Sheriff (electronic copy)  
Antone Moniz, Superintendent (electronic copy)  
Kevin DiMarzio, ADS of Operations (electronic copy)



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Commissioner

October 22, 2025

Joseph D. McDonald, Jr., Sheriff  
Plymouth County Correctional Facility  
26 Long Pond Road  
Plymouth, MA 02360 (electronic copy)

Re: Facility Inspection – Plymouth County Correctional Facility

Dear Sheriff McDonald:

The Massachusetts Department of Public Health (Department) Division of Environmental Health Regulations and Standards (EHRS) conducted an inspection of the Plymouth County Correctional Facility on September 16 and 17, 2025 accompanied Kevin DiMarzio, ADS of Operations and Christopher Petrucci, Environmental Health and Safety Officer, in accordance with Department regulations 105 CMR 451.000: Minimum Health and Sanitation Standards and Inspection Procedures for Correctional Facilities.

The inspection identified 69 total deficiencies: 35 new deficiencies under the Required Standards (.100 and .200 series), 3 repeat deficiencies under the Required Standards, 14 new deficiencies under the Recommended Standards (.300 series), and 17 repeat deficiencies under the Recommended Standards.

## Overview

**Section 1** provides details of all deficiencies, including repeat deficiencies, found during the inspection. These are categorized by Required Standards, Recommended Standards, or additional applicable regulatory standards.

**Section 2** provides information on areas that EHRS found to be compliant.

**Section 3** documents the areas that EHRS did not inspect.

**Section 4** provides information on submitting a Plan of Correction for the identified deficiencies.

**Section 5** outlines observations and recommendations related to the inspection.

## **SECTION 1: Health and Safety Deficiencies**

### **Administration Area**

#### **Deficiencies under the Required Standards (.100 and .200 series)**

1 new deficiency was found during the inspection:

|    |                    |         |                 |   |
|----|--------------------|---------|-----------------|---|
| 1. | Female Locker Room | Showers | 105 CMR 451.123 | Maintenance: Drain flies observed outside showers |
|----|--------------------|---------|-----------------|---|

### **Food Service**

#### **Deficiencies under the Required Standards (.100 and .200 series)**

2 new deficiencies were found during the inspection:

|    |              |             |                 |   |
|----|--------------|-------------|-----------------|---|
| 1. | Kitchen Area | Bakery Area | 105 CMR 451.200 | Maintenance and Operation; Equipment: Quaternary ammonium compound (QAC) solution lower than the manufacturers recommended concentration. Standard found in 105 CMR 590; FC 4-501.114(C)(2). <b>** Corrected On-Site **</b>   |
| 2. | Kitchen Area | Freezer # 1 | 105 CMR 451.200 | Limitation of Growth of Organisms of Public Health Concern, Temperature and Time Control: Refrigerated time/temperature control for safety food prepared on site not clearly marked indicating the date or day by which the food shall be consumed or discarded (Pf). Standard found in 105 CMR 590; FC 3-501.17(A). <b>** Corrected On-Site **</b> |

### **Medical Corridor**

#### **Deficiencies under the Required Standards (.100 and .200 series)**

2 new deficiencies were found during the inspection:

|    |     |                       |                 |   |
|----|-----|-----------------------|-----------------|---|
| 1. | HSU | Staff Bathroom # M130 | 105 CMR 451.126 | Hot Water for Bathing and Hygiene: Hot water temperature 104°F at handwash sink |
| 2. | HSU | Laboratory # M126     | 105 CMR 451.126 | Hot Water for Bathing and Hygiene: Hot water temperature 104°F at handwash sink |

### **Booking**

#### **Deficiencies under the Required Standards (.100 and .200 series)**

2 new deficiencies were found during the inspection:

|    |                     |  |                    |  |
|----|---------------------|--|--------------------|--|
| 1. | Bail Lobby Bathroom |  | 105 CMR 451.110(A) | Hygiene Supplies at Toilet and Handwash Sink: No paper towels at handwash sink |
| 2. | Shower Hallway # 2  |  | 105 CMR 451.123    | Maintenance: Floor damaged outside shower # 1                                  |

### **1<sup>st</sup> Floor Cell Blocks/Pods**

#### **Deficiencies under the Required Standards (.100 and .200 series)**

8 new deficiencies were found during the inspection:

|    |       |          |                 |   |
|----|-------|----------|-----------------|---|
| 1. | BS101 | Bathroom | 105 CMR 451.130 | Plumbing: Plumbing not maintained in good repair, handwash sink timer limits access to adequate supply of water for necessary use at hand wash sink # 3 |
|----|-------|----------|-----------------|---|

|    |     |                     |                 |   |
|----|-----|---------------------|-----------------|---|
| 2. | DN1 | Showers – 2nd Floor | 105 CMR 451.123 | Maintenance: Curtain damaged in shower # 5  |
| 3. | E1  | Showers             | 105 CMR 451.130 | Plumbing: Plumbing not maintained in good repair, shower # 1, 2, 8, and 9 leaking |
| 4. | FN1 | Showers – 1st Floor | 105 CMR 451.123 | Maintenance: Standing water outside showers due to clogged drain                  |
| 5. | H1  | Showers             | 105 CMR 451.130 | Plumbing: Plumbing not maintained in good repair, shower # 3 leaking              |

#### Deficiencies under the Recommended Standards (.300 series)

6 new deficiencies and 7 repeat deficiencies (indicated by an \*) were found during the inspection:

|     |     |                 |                  |   |
|-----|-----|-----------------|------------------|---|
| 1.  | C1  | Recreation Deck | 105 CMR 451.360  | Protective Measures: Bird's nest observed                 |
| 2.  | C1  | Cells           | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked    |
| 3.  | DN1 | Cells           | 105 CMR 451.353  | Interior Maintenance: Ceiling paint damaged in cell # 107 |
| 4.  | DN1 | Cells           | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells           |
| 5.  | DS1 | Cells           | 105 CMR 451.353  | Interior Maintenance: Ceiling paint damaged in cell # 207 |
| 6.  | DS1 | Cells           | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells           |
| 7.  | E1  | Recreation Deck | 105 CMR 451.360  | Protective Measures: Bird's nest observed                 |
| 8.  | E1  | Cells           | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked    |
| 9.  | FN1 | Cells           | 105 CMR 451.353  | Interior Maintenance: Wall paint damaged in cell # 202    |
| 10. | FN1 | Cells           | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells           |
| 11. | FS1 | Cells           | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells           |
| 12. | H1  | Cells           | 105 CMR 451.353  | Interior Maintenance: Wall paint damaged in cell # 230    |
| 13. | H1  | Cells           | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked    |

#### G Block

#### Deficiencies under the Required Standards (.100 and .200 series)

1 new deficiency was found during the inspection:

|    |          |         |                 |   |
|----|----------|---------|-----------------|---|
| 1. | GE North | Showers | 105 CMR 451.123 | Maintenance: Drain flies observed in shower # 2 |
|----|----------|---------|-----------------|---|

#### Deficiencies under the Recommended Standards (.300 series)

3 repeat deficiencies (indicated by an \*) were found during the inspection:

|    |          |       |                  |  |
|----|----------|-------|------------------|--|
| 1. | GE South | Cells | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked |
| 2. | GE North | Cells | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked |
| 3. | GW North | Cells | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked |

### 3<sup>rd</sup> Floor

#### Deficiencies under the Required Standards (.100 and .200 series)

19 new deficiencies and 3 repeat deficiencies (indicated by an \*) were found during the inspection:

|     |              |                     |                  |  |
|-----|--------------|---------------------|------------------|--|
| 1.  | Main Hallway | Break Room # 3008   | 105 CMR 451.200* | Food Storage, Preparation and Service: Food preparation not in compliance with 105 CMR 590.000, interior of microwave oven dirty |
| 2.  | Main Hallway | Break Room # 3008   | 105 CMR 451.200  | Food Storage, Preparation and Service: Food preparation not in compliance with 105 CMR 590.000, interior of refrigerator dirty   |
| 3.  | C3           | Showers             | 105 CMR 451.123  | Maintenance: Wall surface damaged in shower # 9  |
| 4.  | C3           | Showers             | 105 CMR 451.123  | Maintenance: Shower seat dirty in shower # 9   |
| 5.  | DN3          | Showers – 1st Floor | 105 CMR 451.130  | Plumbing: Plumbing not maintained in good repair, shower # 3 leaking   |
| 6.  | DN3          | Showers – 1st Floor | 105 CMR 451.123  | Maintenance: Wall surface damaged in shower # 3  |
| 7.  | DS3          | Showers – 2nd Floor | 105 CMR 451.123  | Maintenance: Walls dirty in shower # 4 and 6   |
| 8.  | DS3          | Showers – 2nd Floor | 105 CMR 451.123  | Maintenance: Drain flies observed in shower # 7  |
| 9.  | DS3          | Showers – 1st Floor | 105 CMR 451.123  | Maintenance: Drain flies observed in shower # 1, 2, and 3  |
| 10. | E3           | Showers             | 105 CMR 451.130* | Plumbing: Plumbing not maintained in good repair, shower # 6 and 8 leaking   |
| 11. | FS3          | Showers – 1st Floor | 105 CMR 451.123  | Maintenance: Drain flies observed in shower # 2  |
| 12. | FS3          | Showers – 2nd Floor | 105 CMR 451.123  | Maintenance: Drain flies observed in shower # 4  |
| 13. | FN3          | Showers – 2nd Floor | 105 CMR 451.123  | Maintenance: Drain flies observed in shower # 5  |
| 14. | FN3          | Showers – 2nd Floor | 105 CMR 451.123  | Maintenance: Walls dirty in shower # 4, 5, 6, and 7  |
| 15. | H3           | Showers             | 105 CMR 451.130  | Plumbing: Plumbing not maintained in good repair, shower # 9 leaking   |

#### Deficiencies under the Recommended Standards (.300 series)

8 new deficiencies and 7 repeat deficiencies (indicated by an \*) were found during the inspection:

|    |              |                     |                  |   |
|----|--------------|---------------------|------------------|---|
| 1. | Main Hallway | Unit Manager # 3012 | 105 CMR 451.353  | Interior Maintenance: Wall surface damaged behind desk                        |
| 2. | C3           | Cells               | 105 CMR 451.353  | Interior Maintenance: Wall vent blocked in cell # 325, 331, 332, 419, and 428 |
| 3. | C3           | Cells               | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked                        |
| 4. | DS3          | Cells               | 105 CMR 451.353  | Interior Maintenance: Wall vent blocked in cell # 302                         |
| 5. | DS3          | Cells               | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells                               |
| 6. | DN3          | Cells               | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells                               |
| 7. | E3           | Cells               | 105 CMR 451.353  | Interior Maintenance: Wall vent blocked in cell # 426                         |

|         |       |                  |  |
|---------|-------|------------------|--|
| 8. E3   | Cells | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked |
| 9. FN3  | Cells | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells        |
| 10. FS3 | Cells | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells        |
| 11. H3  | Cells | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked |

## **SECTION 2: Areas Found to be in Compliance**

EHRIS inspected 308 additional areas of the facility which were found to be in compliance.

## **Section 3: Areas EHRIS did not inspect**

EHRIS inspected all areas of the facility.

## **SECTION 4: Plan of Correction**

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 which includes:

- Specific corrective steps to be taken
- A timetable for the corrective actions for larger projects
- The date by which correction will be achieved
- Any interim measures being implemented to ensure the health and safety of incarcerated individuals and facility staff
- The plan should be signed by the Superintendent or Administrator and submitted to my attention, at the address listed above.

## **SECTION 5: Observations and Recommendations**

1. The inmate population was 1061 at the time of inspection.

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" [105 CMR 451.000](#) is available in both PDF and RTF formats. For more specific information about the food standards, you can download the merged food code, which can be found [here](#).

An inspection may also include observations of other conditions which could constitute a threat to the health or safety of inmates or employees, including but not limited to the standards set forth by the Department as follows, and report on such pursuant to 451.402(B). You can use these links below to review these standards:

1. [105 CMR 205.000](#): Minimum Standards Governing Medical Records and Conduct of Physical Examinations in Correctional Facilities
2. [105 CMR 480.000](#): Minimum requirements for the Management of Medical or Biological Waste
3. [105 CMR 500.000](#): Good Manufacturing Practices for Food

This inspection report is true and accurate to the best of my knowledge.

Sincerely,

A handwritten signature in blue ink that reads "Nicholas Gale". The signature is written in a cursive style with a large, stylized 'N' and 'G'.

Nicholas Gale  
Environmental Analyst, EHRS, BCEH



The Commonwealth of Massachusetts

**County of Plymouth**  
**Sheriff's Office**  
Plymouth County Correctional Facility

26 Long Pond Road  
Plymouth, MA 02360  
Telephone (508) 830-6200  
Fax (508) 830-6201  
www.pcsdma.org



Joseph D. McDonald, Jr.  
Sheriff

Gerald C. Pudolsky  
Special Sheriff

Accredited by:



American Correctional Association

November 24, 2025

Nicholas Gale  
Environmental Health Inspector, CSP, BEH  
Department of Public Health  
Bureau of Climate and Environmental Health  
Division of Environmental Health Regulations and Standards  
5 Randolph Street  
Canton, MA 02021

Dear Inspector Gale:

I am in receipt of the inspection report dated October 22, 2025 of the audit conducted of the Plymouth County Correctional Facility on September 16 and 17, 2025.

Enclosed, in accordance with Section 451.404 of the regulations, I have indicated a response to each entry on the Report of Condition and our plan of corrective actions.

As in the past, we found the audit to be helpful and the auditor to be professional.

Sincerely,

**Antone Moniz**  
Superintendent





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October 22, 2025

Joseph D. McDonald, Jr., Sheriff  
Plymouth County Correctional Facility  
26 Long Pond Road  
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Re: Facility Inspection – Plymouth County Correctional Facility

Dear Sheriff McDonald:

The Massachusetts Department of Public Health (Department) Division of Environmental Health Regulations and Standards (EHRS) conducted an inspection of the Plymouth County Correctional Facility on September 16 and 17, 2025 accompanied Kevin DiMarzio, ADS of Operations and Christopher Petrucci, Environmental Health and Safety Officer, in accordance with Department regulations 105 CMR 451.000: Minimum Health and Sanitation Standards and Inspection Procedures for Correctional Facilities.

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## Overview

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**Section 5** outlines observations and recommendations related to the inspection.

## SECTION 1: Health and Safety Deficiencies

### Administration Area

#### Deficiencies under the Required Standards (.100 and .200 series)

1 new deficiency was found during the inspection:

|    |                    |         |                 |   |
|----|--------------------|---------|-----------------|---|
| 1. | Female Locker Room | Showers | 105 CMR 451.123 | Maintenance: Drain flies observed outside showers |
|----|--------------------|---------|-----------------|---|

| Corrective Action | Date |
|-------------------|------|
|-------------------|------|

|                              |
|------------------------------|
| Showers cleaned and treated. |
|------------------------------|

|           |
|-----------|
| 9/17/2025 |
|-----------|

### Food Service

#### Deficiencies under the Required Standards (.100 and .200 series)

2 new deficiencies were found during the inspection:

|    |              |             |                 |  |
|----|--------------|-------------|-----------------|--|
| 1. | Kitchen Area | Bakery Area | 105 CMR 451.200 | Maintenance and Operation; Equipment: Quaternary ammonium compound (QAC) solution lower than the manufacturers recommended concentration. Standard found in 105 CMR 590; FC 4-501.114(C)(2). ** Corrected On-Site ** |
|----|--------------|-------------|-----------------|--|

| Corrective Action | Date |
|-------------------|------|
|-------------------|------|

|                    |
|--------------------|
| Corrected on site. |
|--------------------|

|           |
|-----------|
| 9/16/2025 |
|-----------|

|    |              |             |                 |  |
|----|--------------|-------------|-----------------|--|
| 2. | Kitchen Area | Freezer # 1 | 105 CMR 451.200 | Limitation of Growth of Organisms of Public Health Concern, Temperature and Time Control: Refrigerated time/temperature control for safety food prepared on site not clearly marked indicating the date or day by which the food shall be consumed or discarded (Pf). Standard found in 105 CMR 590; FC 3-501.17(A). ** Corrected On-Site ** |
|----|--------------|-------------|-----------------|--|

| Corrective Action | Date |
|-------------------|------|
|-------------------|------|

|                    |
|--------------------|
| Corrected on site. |
|--------------------|

|           |
|-----------|
| 9/16/2025 |
|-----------|

### Medical Corridor

#### Deficiencies under the Required Standards (.100 and .200 series)

2 new deficiencies were found during the inspection:

|    |     |                       |                 |   |
|----|-----|-----------------------|-----------------|---|
| 1. | HSU | Staff Bathroom # M130 | 105 CMR 451.126 | Hot Water for Bathing and Hygiene: Hot water temperature 104°F at handwash sink |
|----|-----|-----------------------|-----------------|---|

| Corrective Action | Date |
|-------------------|------|
|-------------------|------|

|                             |
|-----------------------------|
| Heat tape repaired on pipe. |
|-----------------------------|

|           |
|-----------|
| 9/18/2025 |
|-----------|

|    |     |                   |                 |   |
|----|-----|-------------------|-----------------|---|
| 2. | HSU | Laboratory # M126 | 105 CMR 451.126 | Hot Water for Bathing and Hygiene: Hot water temperature 104°F at handwash sink |
|----|-----|-------------------|-----------------|---|

| Corrective Action | Date |
|-------------------|------|
|-------------------|------|

|                             |
|-----------------------------|
| Heat tape repaired on pipe. |
|-----------------------------|

|           |
|-----------|
| 9/18/2025 |
|-----------|

## Booking

### Deficiencies under the Required Standards (.100 and .200 series)

2 new deficiencies were found during the inspection:

|    |                     |                    |  |
|----|---------------------|--------------------|--|
| 1. | Bail Lobby Bathroom | 105 CMR 451.110(A) | Hygiene Supplies at Toilet and Handwash Sink: No paper towels at handwash sink |
|----|---------------------|--------------------|--|

| Corrective Action                  |  |  | Date      |
|------------------------------------|--|--|-----------|
| Paper towels replaced in bathroom. |  |  | 9/17/2025 |

|    |                    |                 |   |
|----|--------------------|-----------------|---|
| 2. | Shower Hallway # 2 | 105 CMR 451.123 | Maintenance: Floor damaged outside shower # 1 |
|----|--------------------|-----------------|---|

| Corrective Action         |  |  | Date       |
|---------------------------|--|--|------------|
| Floor touched up/painted. |  |  | 10/10/2025 |

### 1<sup>st</sup> Floor Cell Blocks/Pods

### Deficiencies under the Required Standards (.100 and .200 series)

8 new deficiencies were found during the inspection:

|    |       |          |                 |   |
|----|-------|----------|-----------------|---|
| 1. | BS101 | Bathroom | 105 CMR 451.130 | Plumbing: Plumbing not maintained in good repair, handwash sink timer limits access to adequate supply of water for necessary use at hand wash sink # 3 |
|----|-------|----------|-----------------|---|

| Corrective Action |  |  | Date      |
|-------------------|--|--|-----------|
| Faucet replaced.  |  |  | 9/17/2025 |

|    |     |                     |                 |  |
|----|-----|---------------------|-----------------|--|
| 2. | DN1 | Showers – 2nd Floor | 105 CMR 451.123 | Maintenance: Curtain damaged in shower # 5 |
|----|-----|---------------------|-----------------|--|

| Corrective Action                 |  |  | Date      |
|-----------------------------------|--|--|-----------|
| Shower curtain replaced that day. |  |  | 9/16/2025 |

|    |    |         |                 |   |
|----|----|---------|-----------------|---|
| 3. | E1 | Showers | 105 CMR 451.130 | Plumbing: Plumbing not maintained in good repair, shower # 1, 2, 8, and 9 leaking |
|----|----|---------|-----------------|---|

| Corrective Action       |  |  | Date      |
|-------------------------|--|--|-----------|
| Shower valves replaced. |  |  | 9/17/2025 |

|    |     |                     |                 |  |
|----|-----|---------------------|-----------------|--|
| 4. | FN1 | Showers – 1st Floor | 105 CMR 451.123 | Maintenance: Standing water outside showers due to clogged drain |
|----|-----|---------------------|-----------------|--|

| Corrective Action |  |  | Date      |
|-------------------|--|--|-----------|
| Drain cleared.    |  |  | 9/17/2025 |

|    |    |         |                 |  |
|----|----|---------|-----------------|--|
| 5. | H1 | Showers | 105 CMR 451.130 | Plumbing: Plumbing not maintained in good repair, shower # 3 leaking |
|----|----|---------|-----------------|--|

| Corrective Action      |  |  | Date      |
|------------------------|--|--|-----------|
| Shower valve replaced. |  |  | 9/17/2025 |



### Deficiencies under the Recommended Standards (.300 series)

6 new deficiencies and 7 repeat deficiencies (indicated by an \*) were found during the inspection:

|  |     |                 |                  |   |
|--|-----|-----------------|------------------|---|
| 1.   | C1  | Recreation Deck | 105 CMR 451.360  | Protective Measures: Bird's nest observed                 |
| <b>Corrective Action</b>   |     |                 |                  | <b>Date</b>   |
| Nest removed.  |     |                 |                  | 11/21/2025  |
| 2.   | C1  | Cells           | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked    |
| <b>Corrective Action</b>   |     |                 |                  | <b>Date</b>   |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |     |                 |                  | 10/22/2025  |
| 3.   | DN1 | Cells           | 105 CMR 451.353  | Interior Maintenance: Ceiling paint damaged in cell # 107 |
| <b>Corrective Action</b>   |     |                 |                  | <b>Date</b>   |
| Ceiling painted.   |     |                 |                  | 9/18/2025   |
| 4.   | DN1 | Cells           | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells           |
| <b>Corrective Action</b>   |     |                 |                  | <b>Date</b>   |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |     |                 |                  | 10/22/2025  |
| 5.   | DS1 | Cells           | 105 CMR 451.353  | Interior Maintenance: Ceiling paint damaged in cell # 207 |
| <b>Corrective Action</b>   |     |                 |                  | <b>Date</b>   |
| Ceiling painted.   |     |                 |                  | 9/18/2025   |
| 6.   | DS1 | Cells           | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells           |
| <b>Corrective Action</b>   |     |                 |                  | <b>Date</b>   |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |     |                 |                  | 10/22/2025  |
| 7.   | E1  | Recreation Deck | 105 CMR 451.360  | Protective Measures: Bird's nest observed                 |
| <b>Corrective Action</b>   |     |                 |                  | <b>Date</b>   |
| Nest removed.  |     |                 |                  | 11/21/2025  |
| 8.   | E1  | Cells           | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked    |
| <b>Corrective Action</b>   |     |                 |                  | <b>Date</b>   |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |     |                 |                  | 10/22/2025  |

|  |     |       |                  |  |
|--|-----|-------|------------------|--|
| 9.   | FN1 | Cells | 105 CMR 451.353  | Interior Maintenance: Wall paint damaged in cell # 202 |
| <b>Corrective Action</b>   |     |       |                  | <b>Date</b>  |
| Wall painted.  |     |       |                  | 9/18/2025  |
| 10.  | FN1 | Cells | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells        |
| <b>Corrective Action</b>   |     |       |                  | <b>Date</b>  |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |     |       |                  | 10/22/2025   |
| 11.  | FS1 | Cells | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells        |
| <b>Corrective Action</b>   |     |       |                  | <b>Date</b>  |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |     |       |                  | 10/22/2025   |
| 12.  | H1  | Cells | 105 CMR 451.353  | Interior Maintenance: Wall paint damaged in cell # 230 |
| <b>Corrective Action</b>   |     |       |                  | <b>Date</b>  |
| Wall painted.  |     |       |                  | 9/18/2025  |
| 13.  | H1  | Cells | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked |
| <b>Corrective Action</b>   |     |       |                  | <b>Date</b>  |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |     |       |                  | 10/22/2025   |

## G Block

### Deficiencies under the Required Standards (.100 and .200 series)

1 new deficiency was found during the inspection:

|                             |          |         |                 |   |
|-----------------------------|----------|---------|-----------------|---|
| 1.                          | GE North | Showers | 105 CMR 451.123 | Maintenance: Drain flies observed in shower # 2 |
| <b>Corrective Action</b>    |          |         |                 | <b>Date</b>                                     |
| Shower cleaned and treated. |          |         |                 | 9/17/2025                                       |

### Deficiencies under the Recommended Standards (.300 series)

3 repeat deficiencies (indicated by an \*) were found during the inspection:

|  |          |       |                  |  |
|--|----------|-------|------------------|--|
| 1.   | GE South | Cells | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked |
| <b>Corrective Action</b>   |          |       |                  | <b>Date</b>  |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |          |       |                  | 10/22/2025   |



|  |          |       |                  |  |
|--|----------|-------|------------------|--|
| 2.   | GE North | Cells | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double banded |
| <b>Corrective Action</b>   |          |       |                  | <b>Date</b>  |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |          |       |                  | 10/22/2025   |

|  |          |       |                  |  |
|--|----------|-------|------------------|--|
| 3.   | GW North | Cells | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double banded |
| <b>Corrective Action</b>   |          |       |                  | <b>Date</b>  |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |          |       |                  | 10/22/2025   |

### 3<sup>rd</sup> Floor

#### Deficiencies under the Required Standards (.100 and .200 series)

19 new deficiencies and 3 repeat deficiencies (indicated by an \*) were found during the inspection:

|                          |              |                   |                  |  |
|--------------------------|--------------|-------------------|------------------|--|
| 1.                       | Main Hallway | Break Room # 3008 | 105 CMR 451.200* | Food Storage, Preparation and Service: Food preparation not in compliance with 105 CMR 590.000, interior of microwave oven dirty |
| <b>Corrective Action</b> |              |                   |                  | <b>Date</b>  |
| Cleaned on the spot.     |              |                   |                  | 9/17/2025  |

|                          |              |                   |                 |  |
|--------------------------|--------------|-------------------|-----------------|--|
| 2.                       | Main Hallway | Break Room # 3008 | 105 CMR 451.200 | Food Storage, Preparation and Service: Food preparation not in compliance with 105 CMR 590.000, interior of refrigerator dirty |
| <b>Corrective Action</b> |              |                   |                 | <b>Date</b>  |
| Cleaned on the spot.     |              |                   |                 | 9/17/2025  |

|                                   |    |         |                 |   |
|-----------------------------------|----|---------|-----------------|---|
| 3.                                | C3 | Showers | 105 CMR 451.123 | Maintenance: Wall surface damaged in shower # 9 |
| <b>Corrective Action</b>          |    |         |                 | <b>Date</b>                                     |
| Prime Coat contracted for repair. |    |         |                 | 4/1/2026  |

|                            |    |         |                 |  |
|----------------------------|----|---------|-----------------|--|
| 4.                         | C3 | Showers | 105 CMR 451.123 | Maintenance: Shower seat dirty in shower # 9 |
| <b>Corrective Action</b>   |    |         |                 | <b>Date</b>                                  |
| Cleaned during inspection. |    |         |                 | 9/17/2025                                    |

|                          |     |                     |                 |  |
|--------------------------|-----|---------------------|-----------------|--|
| 5.                       | DN3 | Showers – 1st Floor | 105 CMR 451.130 | Plumbing: Plumbing not maintained in good repair, shower # 3 leaking |
| <b>Corrective Action</b> |     |                     |                 | <b>Date</b>  |
| Shower valve replaced.   |     |                     |                 | 9/17/2025  |

|                                   |     |                     |                 |   |
|-----------------------------------|-----|---------------------|-----------------|---|
| 6.                                | DN3 | Showers – 1st Floor | 105 CMR 451.123 | Maintenance: Wall surface damaged in shower # 3 |
| <b>Corrective Action</b>          |     |                     |                 | <b>Date</b>                                     |
| Prime Coat contracted for repair. |     |                     |                 | 4/1/2026  |

|                              |                     |                  |  |
|------------------------------|---------------------|------------------|--|
| 7. DS3                       | Showers – 2nd Floor | 105 CMR 451.123  | Maintenance: Walls dirty in shower # 4 and 6                               |
| <b>Corrective Action</b>     |                     |                  | <b>Date</b>  |
| Cleaned on the spot.         |                     |                  | 9/17/2025  |
| 8. DS3                       | Showers – 2nd Floor | 105 CMR 451.123  | Maintenance: Drain flies observed in shower # 7                            |
| <b>Corrective Action</b>     |                     |                  | <b>Date</b>  |
| Showers cleaned and treated. |                     |                  | 9/17/2025  |
| 9. DS3                       | Showers – 1st Floor | 105 CMR 451.123  | Maintenance: Drain flies observed in shower # 1, 2, and 3                  |
| <b>Corrective Action</b>     |                     |                  | <b>Date</b>  |
| Showers cleaned and treated. |                     |                  | 9/17/2025  |
| 10. E3                       | Showers             | 105 CMR 451.130* | Plumbing: Plumbing not maintained in good repair, shower # 6 and 8 leaking |
| <b>Corrective Action</b>     |                     |                  | <b>Date</b>  |
| Shower valves replaced.      |                     |                  | 9/17/2025  |
| 11. FS3                      | Showers – 1st Floor | 105 CMR 451.123  | Maintenance: Drain flies observed in shower # 2                            |
| <b>Corrective Action</b>     |                     |                  | <b>Date</b>  |
| Shower cleaned and treated.  |                     |                  | 9/17/2025  |
| 12. FS3                      | Showers – 2nd Floor | 105 CMR 451.123  | Maintenance: Drain flies observed in shower # 4                            |
| <b>Corrective Action</b>     |                     |                  | <b>Date</b>  |
| Shower cleaned and treated.  |                     |                  | 9/17/2025  |
| 13. FN3                      | Showers – 2nd Floor | 105 CMR 451.123  | Maintenance: Drain flies observed in shower # 5                            |
| <b>Corrective Action</b>     |                     |                  | <b>Date</b>  |
| Shower cleaned and treated.  |                     |                  | 9/17/2025  |
| 14. FN3                      | Showers – 2nd Floor | 105 CMR 451.123  | Maintenance: Walls dirty in shower # 4, 5, 6, and 7                        |
| <b>Corrective Action</b>     |                     |                  | <b>Date</b>  |
| Cleaned on the spot.         |                     |                  | 9/17/2025  |
| 15. H3                       | Showers             | 105 CMR 451.130  | Plumbing: Plumbing not maintained in good repair, shower # 9 leaking       |
| <b>Corrective Action</b>     |                     |                  | <b>Date</b>  |
| Shower valve replaced.       |                     |                  | 9/17/2025  |

#### Deficiencies under the Recommended Standards (.300 series)



8 new deficiencies and 7 repeat deficiencies (indicated by an \*) were found during the inspection:

|  |              |                     |                  |   |
|--|--------------|---------------------|------------------|---|
| 1.   | Main Hallway | Unit Manager # 3012 | 105 CMR 451.353  | Interior Maintenance: Wall surface damaged behind desk                        |
| <b>Corrective Action</b>   |              |                     |                  | <b>Date</b>   |
| Wall painted.  |              |                     |                  | 9/17/2025   |
| 2.   | C3           | Cells               | 105 CMR 451.353  | Interior Maintenance: Wall vent blocked in cell # 325, 331, 332, 419, and 428 |
| <b>Corrective Action</b>   |              |                     |                  | <b>Date</b>   |
| Wall vents unblocked on the spot.  |              |                     |                  | 9/17/2025   |
| 3.   | C3           | Cells               | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked                        |
| <b>Corrective Action</b>   |              |                     |                  | <b>Date</b>   |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |              |                     |                  | 10/22/2025  |
| 4.   | DS3          | Cells               | 105 CMR 451.353  | Interior Maintenance: Wall vent blocked in cell # 302                         |
| <b>Corrective Action</b>   |              |                     |                  | <b>Date</b>   |
| Wall vent unblocked on the spot.   |              |                     |                  | 9/17/2025   |
| 5.   | DS3          | Cells               | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells                               |
| <b>Corrective Action</b>   |              |                     |                  | <b>Date</b>   |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |              |                     |                  | 10/22/2025  |
| 6.   | DN3          | Cells               | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells                               |
| <b>Corrective Action</b>   |              |                     |                  | <b>Date</b>   |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |              |                     |                  | 10/22/2025  |
| 7.   | E3           | Cells               | 105 CMR 451.353  | Interior Maintenance: Wall vent blocked in cell # 426                         |
| <b>Corrective Action</b>   |              |                     |                  | <b>Date</b>   |
| Wall vent unblocked on the spot.   |              |                     |                  | 9/17/2025   |
| 8.   | E3           | Cells               | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked                        |
| <b>Corrective Action</b>   |              |                     |                  | <b>Date</b>   |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |              |                     |                  | 10/22/2025  |



|  |       |                  |  |
|--|-------|------------------|--|
| 9. FN3   | Cells | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells        |
| <b>Corrective Action</b>   |       |                  | <b>Date</b>  |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |       |                  | 10/22/2025   |
| 10. FS3  | Cells | 105 CMR 451.322* | Cell Size: Inadequate floor space in dorm cells        |
| <b>Corrective Action</b>   |       |                  | <b>Date</b>  |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |       |                  | 10/22/2025   |
| 11. H3   | Cells | 105 CMR 451.321* | Cell Size: Inadequate floor space, cells double bunked |
| <b>Corrective Action</b>   |       |                  | <b>Date</b>  |
| The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk. |       |                  | 10/22/2025   |

## **SECTION 2: Areas Found to be in Compliance**

EHRS inspected 308 additional areas of the facility which were found to be in compliance.

## **Section 3: Areas EHRS did not inspect**

EHRS inspected all areas of the facility.

## **SECTION 4: Plan of Correction**

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 which includes:

- Specific corrective steps to be taken
- A timetable for the corrective actions for larger projects
- The date by which correction will be achieved
- Any interim measures being implemented to ensure the health and safety of incarcerated individuals and facility staff
- The plan should be signed by the Superintendent or Administrator and submitted to my attention, at the address listed above.

## **SECTION 5: Observations and Recommendations**

1. The inmate population was 1061 at the time of inspection.

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" [105 CMR 451.000](#) is available in both PDF and RTF formats. For more specific information about the food standards, you can download the merged food code, which can be found [here](#).

An inspection may also include observations of other conditions which could constitute a threat to the health or safety of inmates or employees, including but not limited to the standards set forth by the Department as follows, and report on such pursuant to 451.402(B). You can use these links below to review these standards:

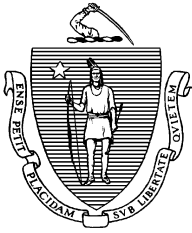
1. [105 CMR 205.000](#): Minimum Standards Governing Medical Records and Conduct of Physical Examinations in Correctional Facilities
2. [105 CMR 480.000](#): Minimum requirements for the Management of Medical or Biological Waste
3. [105 CMR 500.000](#): Good Manufacturing Practices for Food

This inspection report is true and accurate to the best of my knowledge.

Sincerely,



Nicholas Gale  
Environmental Analyst, EHRS, BCEH



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Climate and Environmental Health  
Division of Environmental Health Regulations and Standards  
5 Randolph Street, Canton, MA 02021  
Phone: 617-624-5757 | mass.gov/dph

**Maura T. Healey**  
Governor

**Kimberley Driscoll**  
Lieutenant Governor

**Kiame Mahaniah, MD, MBA**  
Secretary

**Robert Goldstein, MD, PhD**  
Commissioner

December 2, 2025

Joseph D. McDonald, Jr., Sheriff  
Plymouth County Correctional Facility  
26 Long Pond Road  
Plymouth, MA 02360 (electronic copy)

Re: Plan of Correction - Plymouth County Correctional Facility

Dear Sheriff McDonald:

The Massachusetts Department of Public Health, Division of Environmental Health Regulations and Standards (EHRS) has received your Plan of Correction in response to my inspection on September 16 and 17, 2025. After review, the EHRS finds the plan addresses all the deficiencies noted in the report with the following exception:

In regards to the issue of cell size, the EHRS remains concerned with the inadequate square footage.

Thank you for your prompt attention to this matter, should you have any questions please contact me at the address listed above.

Sincerely,

A handwritten signature in blue ink that reads "Nicholas Gale".

Nicholas Gale  
Environmental Analyst, EHRS, BCEH

cc: Antone Moniz, Superintendent  
Kevin DiMarzio, ADS of Operations  
Christopher Petrucci, Captain of Operations

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(electronic copy)