

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

January 29, 2026

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)
Sergeant David Munchbach, Environmental Health and Safety Officer (electronic copy)

Greetings,

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

Sincerely,

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

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)
Michael Harris, Acting Superintendent (electronic copy)



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December 30, 2025

Patrick McDermott, Sheriff
Norfolk County Correctional Center
200 West Street
P.O. Box 149
Dedham, MA 02027 (electronic copy)

Re: Facility Inspection - Norfolk County House of Correction and Alternative Center, Dedham

Dear Sheriff McDermott,

The Massachusetts Department of Public Health (Department) Division of Environmental Health Regulations and Standards (EHRS) conducted an inspection of the Norfolk County House of Correction (HOC) and Dedham Alternative Center (DAC) on December 16, 2025 accompanied by Lauren Trask, Policy and Compliance Coordinator, in accordance with Department regulations 105 CMR 451.000: Minimum Health and Sanitation Standards and Inspection Procedures for Correctional Facilities.

The inspection identified 76 total deficiencies: 30 new deficiencies under the Required Standards (.100 and .200 series), 27 repeat deficiencies under the Required Standards, 11 new deficiencies under the Recommended Standards (.300 series), and 8 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

Visitor Waiting Area

Deficiencies under the Recommended Standards (.300 series)

1 new deficiency was found during the inspection:

1. Janitor's Closet	105 CMR 451.353	Interior Maintenance: Wet mop stored in bucket
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Administration

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

2 new deficiencies were found during the inspection:

1. Male Locker Room	105 CMR 451.130	Plumbing: Plumbing not maintained in good repair, shower head missing in shower # 2
2. Male Locker Room	105 CMR 451.123	Maintenance: Floor surface damaged near lockers

Food Service

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

14 new deficiencies were found during the inspection:

1. Staff Dining	Serving Line	105 CMR 451.200	Food Storage, Preparation and Service: Food preparation not in compliance with 105 CMR 590.000, interior of microwave oven dirty ** Corrected On-Site **
2. Staff Dining	Serving Line	105 CMR 451.200	Cleaning of Equipment and Utensils, Objective: Nonfood contact surfaces of equipment dirty, grill ventilation hood dirty. Standard found in 105 CMR 590; FC 4-601.11(C). ** Corrected On-Site **
3. Staff Dining	Serving Line	105 CMR 451.200	Maintenance and Operation; Premises, Structure, Attachments, and Fixtures - Methods: Facility not cleaned as often as necessary, wall dirty next to grill. Standard found in 105 CMR 590; FC 6-501.12(A). ** Corrected On-Site **
4. Staff Dining	Serving Line	105 CMR 451.200	Maintenance and Operation; Premises, Structure, Attachments, and Fixtures - Methods: Facility not cleaned as often as necessary, storage areas under serving line dirty. Standard found in 105 CMR 590; FC 6-501.12(A). ** Corrected On-Site **
5. Staff Dining	Serving Line	105 CMR 451.200	Food Storage, Preparation and Service: Food preparation not in compliance with 105 CMR 590.000, single service utensils not covered in storage under serving line ** Corrected On-Site **

6. Kitchen	Handwash Sink	105 CMR 451.200	Plumbing System; Operation and Maintenance: Plumbing system not maintained in good repair, pipe leaking under handwash sink. Standard found in 105 CMR 590; FC 5-205.15(B).
7. Kitchen	Warewash Machine Room	105 CMR 451.200	Maintenance and Operation; Equipment: Warewashing machine not operating in accordance with manufacturer's instructions, out-of-order. Standard found in 105 CMR 590; FC 4-501.15(A).
8. Kitchen	Walk-In Refrigerator # 3 (Meat)	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 **
9. Kitchen	Walk-In Refrigerator # 3 (Meat)	105 CMR 451.200	Protection from Contamination After Receiving; Preventing Contamination from Equipment, Utensils, and Linens: Utensil handle not stored above the food in the container. Standard found in 105 CMR 590; FC 3-304.12(B). ** Corrected On-Site **
10. Kitchen	Walk-In Freezer	105 CMR 451.200	Maintenance and Operation, Equipment: Equipment components not maintained in a state of good repair, freezer gaskets damaged. Standard found in 105 CMR 590; FC 4-501.11(B).
11. Kitchen	Feeding Prep Area	105 CMR 451.200	Plumbing System; Operation and Maintenance: Plumbing system not maintained in good repair, hot water out-of-order at prep table sink across from ovens. Standard found in 105 CMR 590; FC 5-205.15(B).
12. Kitchen	4-Compartment Sink	105 CMR 451.200	Plumbing System; Operation and Maintenance: Plumbing system not maintained in good repair, pipes leaking under sink. Standard found in 105 CMR 590; FC 5-205.15(B).
13. Kitchen	Food Tray Prep Area	105 CMR 451.200	Maintenance and Operation; Premises, Structure, Attachments, and Fixtures - Methods: Facility not cleaned as often as necessary, storage areas under serving line dirty. Standard found in 105 CMR 590; FC 6-501.12(A). ** Corrected On-Site **
14. Kitchen	Food Tray Prep Area	105 CMR 451.200	Food Storage, Preparation and Service: Food preparation not in compliance with 105 CMR 590.000, single service utensils uncovered in storage under serving line ** Corrected On-Site **

House 1A

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

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

1. Kitchenette Area	105 CMR 451.130	Plumbing: Plumbing not maintained in good repair, sink out-of-order
2. Showers	105 CMR 451.123*	Maintenance: Threshold damaged in shower # 1, 3, 4, 5, 6, 7, and 8

Deficiencies under the Recommended Standards (.300 series)

5 new deficiencies and 1 repeat deficiency (indicated by an *) were found during the inspection:

1. Main Area	105 CMR 451.353	Interior Maintenance: Floor surface damaged under sink
2. Janitor's Closet	105 CMR 451.353	Interior Maintenance: Wet mop stored on floor
3. Cells	105 CMR 451.353	Interior Maintenance: Wall vent blocked in cell # 23 and 40
4. Cells	105 CMR 451.353	Interior Maintenance: Wall surface damaged in cell # 7
5. Cells	105 CMR 451.321*	Cell Size: Inadequate floor space, cells double bunked

House 1B

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

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

1. Kitchenette Area	105 CMR 451.200	Food Storage, Preparation and Service: Food preparation not in compliance with 105 CMR 590.000, interior of microwave ovens dirty
2. Showers	105 CMR 451.123*	Maintenance: Threshold damaged in shower # 1, 2, 3, 4, 5, 6, 7, and 8
3. Showers	105 CMR 451.123	Maintenance: Drain flies observed in shower # 2 and 7

Deficiencies under the Recommended Standards (.300 series)

1 new deficiency and 1 repeat deficiency (indicated by an *) were found during the inspection:

1. Janitor's Closet	105 CMR 451.353	Interior Maintenance: Wet mop stored in bucket
2. Cells	105 CMR 451.321*	Cell Size: Inadequate floor space, cells double bunked

House 2B

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

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

1. Kitchenette Area	105 CMR 451.130	Plumbing: Plumbing not maintained in good repair, backflow preventor missing on spigot
2. Showers	105 CMR 451.123*	Maintenance: Threshold damaged in shower # 4, 5, and 7

Deficiencies under the Recommended Standards (.300 series)

3 new deficiencies and 1 repeat deficiency (indicated by an *) were found during the inspection:

1. Janitor's Closet	105 CMR 451.353	Interior Maintenance: Wet mop stored on floor
2. Cells	105 CMR 451.353	Interior Maintenance: Wall vent blocked in cell # 1 and 14
3. Cells	105 CMR 451.321*	Cell Size: Inadequate floor space, four beds in cells

Program Area

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

3 new deficiencies were found during the inspection:

1. West Wing	Staff Bathroom	105 CMR 451.130	Plumbing: Plumbing not maintained in good repair, out-of-order
2. Program Administrative Area	Male Staff Bathroom	105 CMR 451.123	Maintenance: Ceiling vent dirty
3. Program Administrative Area	Inmate Bathroom	105 CMR 451.110(A)	Hygiene Supplies at Toilet and Handwash Sink: No paper towels at handwash sink

Special Management Housing

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

2 new deficiencies were found during the inspection:

1. Special Management Unit (SMU)	Showers	105 CMR 451.123	Maintenance: Shower # 1 dirty
2. Special Housing Unit (SHU)	Kitchenette Area	105 CMR 451.200	Food Storage, Preparation and Service: Food storage not in compliance with 105 CMR 590.000, refrigerator dirty

Deficiencies under the Recommended Standards (.300 series)

1 new deficiency and 1 repeat deficiency (indicated by an *) were found during the inspection:

1. Special Housing Unit (SHU)	Cells	105 CMR 451.321*	Cell Size: Inadequate floor space, cells triple bunked
2. Special Housing Unit (SHU)	Cells	105 CMR 451.353	Interior Maintenance: Wall vent blocked in cell # 9

4 Units

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

4 new deficiencies and 9 repeat deficiencies (indicated by an *) were found during the inspection:

1. Unit 4A	Showers	105 CMR 451.123*	Maintenance: Threshold damaged in shower # 1, 2, and 3
2. Unit 4A	Showers	105 CMR 451.123*	Maintenance: Ceiling vent blocked in shower # 1
3. Unit 4A	Showers	105 CMR 451.123	Maintenance: Ceiling vent blocked in shower # 2, 3, and 4
4. Unit 4B	Showers	105 CMR 451.123	Maintenance: Floor drain missing in shower # 2
5. Unit 4B	Showers	105 CMR 451.123*	Maintenance: Ceiling vent blocked in shower # 1, 2, 3, 4, and 5

Deficiencies under the Recommended Standards (.300 series)

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

1. Unit 4A	Cells	105 CMR 451.321*	Cell Size: Inadequate floor space, cells double bunked
2. Unit 4B	Cells	105 CMR 451.321*	Cell Size: Inadequate floor space, cells double bunked

Medical

Deficiencies under the Recommended Standards (.300 series)

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

1. Medical Trailer		105 CMR 451.350*	Structural Maintenance: Wall water damaged in ADS Office
2. Medical Trailer		105 CMR 451.353*	Interior Maintenance: Mold observed on water damaged surfaces throughout ADS Office

SECTION 2: Areas Found to be in Compliance

EHRS inspected 141 additional areas of the facility which were found to be in compliance.

Section 3: Areas EHRS did not inspect

EHRS did not inspect 5 area of the facility because it was either in use, locked, or under construction.

1. Administration Offices	Female Staff Bathroom		Unable to Inspect – In Use
2. Administration Offices	Arsenal		Unable to Inspect – Locked
3. Food Service	Kitchen	Janitor's Closet	Unable to Inspect – Locked
4. Medical	Female Staff Bathroom		Unable to Inspect – In Use
5. Intake	Staff Bathroom		Unable to Inspect – In Use

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:

1. Specific corrective steps to be taken
2. A timetable for the corrective actions for larger projects
3. The date by which correction will be achieved
4. Any interim measures being implemented to ensure the health and safety of incarcerated individuals and facility staff
5. 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 299 at the time of inspection.
2. At the time of inspection:
 - a. House 2A was closed for renovations and was not inspected; and
 - b. The Dedham Alternative Center was closed to inmates and was not inspected.

To review the specific regulatory requirements please visit our website at www.mass.gov/dph/dcs and click on "Correctional Facilities" [105 CMR 451.000](#) 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:

- [105 CMR 205.000](#): Minimum Standards Governing Medical Records and Conduct of Physical Examinations in Correctional Facilities
- [105 CMR 480.000](#): Minimum requirements for the Management of Medical or Biological Waste
- [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

NORFOLK COUNTY SHERIFF'S OFFICE

SHERIFF PATRICK W. McDERMOTT

P.O. Box 149 | 200 West St
Dedham, MA 02027

Phone: (781) 329-3705
Fax: (781) 326-1079

www.NorfolkSheriff.com



January 8, 2026

Nicholas Gale, Environmental Analyst, EHRS, BCEH
Department of Public Health
Bureau of Climate and Environmental Health
Massachusetts Department of Public Health
5 Randolph Street
Canton, MA 02021

Dear Mr. Gale,

Enclosed is the Plan of Correction for the Norfolk County Sheriff's Office Correctional Center and Dedham Alternative Center in response to the report that was filed for the Department of Public Health Inspection conducted on December 16, 2025.

Should you have any questions concerning this Plan of Action, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Patrick W. McDermott".

Patrick W. McDermott
Sheriff

Enclosure: DPH Plan of Correction Report

**Norfolk County Sheriff's Office
Correctional Center and Dedham Alternative Center
Department of Public Health Plan of Action Report
December 16, 2025 Audit**

Visitor Waiting Area

Janitor's Closet

1. 105 CRM 451.353 Wet mop stored in bucket

Plan of Action: Wet mop storage was corrected on 12/16/2025.

Administration

Male Locker Room

2. 105 CMR 451.130 Shower head missing in shower #2

Plan of Action: Shower head was replaced on 12/16/2025.

3. 105 CMR 451.123 Floor surface damaged near lockers.

Plan of Action: Floor surface was repaired on 12/30/2025.

Food Service

Kitchen

4. 105 CMR 451.200 Pipe leaking under handwash sink.

Plan of Action: Leak will be repaired by 1/30/2026.

5. 105 CMR 451.200 Warewashing machine is out-of-order.

Plan of Action: Warewashing machine was repaired on 12/22/2025.

6. 105 CMR 451.200 Freezer gaskets damaged.

Plan of Action: Freezer gaskets are set to be repaired by 7/1/2026.

7. 105 CMR 451.200 Hot water out-of-order at prep table sinks across from ovens.

Plan of Action: Hot water to be repaired by 1/9/2026.

8. 105 CMR 451.200 Pipes leaking under sink.

Plan of Action: Leak will be repaired by 1/20/2026.

House 1A

Kitchenette Area

9. 105 CMR 451.130 Sink out-of-order.

Plan of Action: Sink will be repaired by 1/30/2026.

Showers

10. 105 CMR 451.123 Threshold damaged in shower #1, 3, 4, 5, 6, 7, and 8.

Plan of Action: All shower thresholds will be repaired by 4/27/26.

Main Area

11. 105 CMR 451.353 Floor surface damaged under sink.

Plan of Action: Floor surface to be fixed by 6/30/2026.

Janitor's Closet

12. 105 CMR 451.353 Wet mop stored on floor.

Plan of Action: Wet mop storage was corrected on 12/16/2025.

Cells

13. 105 CMR 451.353 Wall vent blocked in cell # 23 and 40.

Plan of Action: Vents unblocked and cleaned on 12/16/2025. Long-term solution in place to fix AC/Heating System to prevent inmates from blocking vents when it gets too cold.

14. 105 CMR 451.353 Wall surface damaged in cell #7.

Plan of Action: Wall surface to be fixed on 4/30/2026.

15. 105 CMR 451.321 Inadequate floor space, cells double bunked.

Plan of Action: With offender population counts fluctuating, the quality of life for both staff and offenders has not been impacted. Out of cell programming and services include daily access to outside recreation helps to compensate for the cell space deficiencies that exist.

House 1B

Kitchenette Area

16. 105 CMR 451.130 Interior of microwave ovens dirty.

Plan of Action: Interior of microwave ovens were cleaned on 12/16/2025.

Showers

17. 105 CMR 451.123 Threshold damaged in shower #1, 2, 3, 4, 5, 6, 7, and 8.

Plan of Action: All shower thresholds will be repaired by 04/27/26.

18. 105 CMR 451.123

Drain flies observed in shower #2 and 7.

Plan of Action: NCSO pest control vendor will begin pouring chemicals down the shower monthly starting February 2026 to prevent flies in the future.

Janitor's Closet

19. 105 CMR 451.353

Wet mop stored in bucket.

Plan of Action: Wet mop storage was corrected on 12/16/2025.

Cells

20. 105 CMR 451.321

Inadequate floor space, cells double bunked.

Plan of Action: With offender population counts fluctuating, the quality of life for both staff and offenders has not been impacted. Out of cell programming and services include daily access to outside recreation helps to compensate for the cell space deficiencies that exist.

House 2B

Kitchenette Area

21. 105 CMR 451.130

Backflow preventor missing on spigot.

Plan of Action: Backflow preventor to be replaced by 4/30/2026.

Showers

22. 105 CMR 451.123

Threshold damaged in shower #4, 5, and 7

Plan of Action: All shower thresholds will be repaired by 04/27/26.

Janitor's Closet

23. 105 CMR 451.353

Wet mop stored on floor.

Plan of Action: Wet mop storage was corrected on 12/16/2025.

Cells

24. 105 CMR 451.353

Wall vent blocked in cell #1 and #14

Plan of Action: Vents unblocked and cleaned on 12/16/2025.

25. 105 CMR 451.321

Inadequate floor space, four beds in cells.

Plan of Action: With offender population counts fluctuating, the quality of life for both staff and offenders has not been impacted. Out of cell programming and services include daily access to outside recreation helps to compensate for the cell space deficiencies that exist.

Programs

West Wing

26. 105 CMR 451.130 Staff bathroom out-of-order.

Plan of Action: Bathroom was back in order 12/20/25

Program Administrative Area

27. 105 CMR 451.123 Ceiling vent dirty.

Plan of Action: Ceiling vent was cleaned on 12/16/2025.

28. 105 CMR 451.110(A) No paper towels at handwash sink.

Plan of Action: Paper towels were replenished on 12/16/2025.

Special Housing

Showers (SMU)

29. 105 CMR 451.123 Shower #1 dirty.

Plan of Action: Shower #1 was cleaned on 12/16/2025.

Kitchenette Area (SHU)

30. 105 CMR 451.200 Refrigerator dirty.

Plan of Action: Refrigerator was cleaned on 12/16/2025.

Cells (SHU)

31. 105 CMR 451.321 Inadequate floor space, cells triple bunked.

Plan of Action: With offender population counts fluctuating, the quality of life for both staff and offenders has not been impacted. Out of cell programming and services include daily access to outside recreation helps to compensate for the cell space deficiencies that exist.

32. 105 CMR 451.353 Wall vent blocked in cell #9.

Plan of Action: Vents unblocked and cleaned on 12/16/2025.

House 4A

Showers

33. 105 CMR 451.123 Threshold damaged in shower #1, 2, and 3.

Plan of Action: All shower thresholds will be repaired by 4/27/26.

34. 105 CMR 451.123 Ceiling vent blocked in shower #1, 2, 3, and 4.

Plan of Action: Ceiling vents in showers to be cleared and unblocked by 2/28/2026.

Cells

35. 105 CMR 451.321 Inadequate floor space, cells double bunked.

Plan of Action: With offender population counts fluctuating, the quality of life for both staff and offenders has not been impacted. Out of cell programming and services include daily access to outside recreation helps to compensate for the cell space deficiencies that exist.

House 4B

Showers

36. 105 CMR 451.123 Floor drain missing in shower #2.

Plan of Action: Floor drain added on 12/16/2026.

37. 105 CMR 451.123 Ceiling vent blocked in shower #1,2 ,3, 4, and 5.

Plan of Action: Ceiling vents in showers to be cleared and unblocked by 2/28/2026.

Cells

38. 105 CMR 451.321 Inadequate floor space, cells double bunked.

Plan of Action: With offender population counts fluctuating, the quality of life for both staff and offenders has not been impacted. Out of cell programming and services include daily access to outside recreation helps to compensate for the cell space deficiencies that exist.

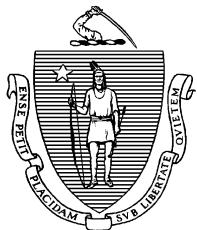
Medical

39. 105 CMR 451.350 Wall water damaged in ADS office.

Plan of Action: Plans to replace Medical Trailer by 6/30/2026, currently looking at the ground foundation.

40. 105 CMR 451.353 Mold observed on water damaged surfaces throughout ADS office.

Plan of Action: Plans to replace Medical Trailer by 6/30/2026, currently looking at the ground foundation.



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January 20, 2026

Patrick McDermott, Sheriff
Norfolk County Correctional Center
200 West Street
P.O. Box 149
Dedham, MA 02027 (electronic copy)

Re: Plan of Correction – Norfolk County House of Correction and Alternative Center, Dedham

Dear Sheriff McDermott:

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 December 16, 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 overcrowding, the EHRS appreciates the limitations of correctional facilities and the need to accommodate the ever-increasing population; however we remain concerned with the overcrowded conditions.

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

Sincerely,

Nicholas, Mahr

Nicholas Gale
Environmental Analyst, EHRS, BCEH

cc: Michael Harris, Acting Superintendent
Sergeant David Munchbach, EHSO
Lauren Trask, Policy and Compliance Coordinator

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