

## 1.5.F.2 Inmate Religious and Medical Diets

### I Policy Index:



**Date Signed:** January 21, 2022  
**Distribution:** Public  
**Replaces Policy:** N/A  
**Supersedes Policy Dated:** 06/07/2021  
**Affected Units:** All Institutions  
**Effective Date:** January 24, 2022  
**Scheduled Revision Date:** December 2022  
**Revision Number:** 16  
**Office of Primary Responsibility:** DOC Administration

### II Policy:

The Department of Corrections (DOC) will provide inmates with reasonable and equitable opportunities to observe the essential religious dietary practices of their faith within the budgetary, orderly, safety, and security constraints of the facility. The DOC will adhere to standardized approved procedures for purchasing, preparing, and serving religious and medical meal trays.

### III Definitions:

#### Main Line Meal:

The variety of menu items offered to inmates on the main serving line and/or through regularly prepared tray service as part of the facility's menu, as approved by a licensed dietician.

#### Medical Diet:

A special diet ordered for temporary or permanent health conditions that restrict types, preparation, and/or amounts of food. Examples include restricted heart healthy, diabetic, gluten free, dental, calorie, low sodium, low fat, soft, liquid, bland, lactose free and nutritional supplementation diets. Does not include changes or substitutions ordered for specific inmates for security or safety reasons.

#### Medical Vegetarian Diet:

Contains all the food items approved and provided on a main line meal tray, except meat. Meat is substituted with an alternate protein source, such as rice or beans. The medical vegetarian diet is not comprised of kosher products. Meat substitutions will be reviewed by the consultant and assigned DOC staff.

#### Religious Diet:

Dietary restrictions imposed as a result of a mandatory religious tenet of a particular officially recognized faith group, which cannot otherwise be routinely satisfied through self-selection from the menu items available on the main food line. Religious diet trays are only served to inmates whose names are on the participant list. Includes halal, kosher and vegetarian.

## IV Procedures:

### 1. Request for a Religious Diet:

- A. Inmates will be afforded reasonable and equitable opportunity/means to observe the religious diet and meal requirements of the religion/faith they profess, as documented within the tenets of the religion/faith. Diets and meals offered to inmates of a particular faith shall adequately meet the minimum requirements established by religion/faith.
- B. An inmate requesting a religious diet must complete a *Request for Religious Diet* (See [Attachment 1](#)) and submit the form to the facility's Cultural Activities Coordinator. The time to process the request shall not exceed ten (10) calendar days. Nothing in this policy precludes an inmate from voluntarily participating in certain religious practices.
- C. An inmate's request for a religious diet will be approved if providing the diet is within the inherent limitations of resources of the institution, does not burden the department's interest in preserving the security, safety and good order of the institution, or threaten the health and safety of the inmate or others. Religious diets shall be prepared and offered in a manner consistent with the approved operation of a uniform food service program, consistent with state health codes.
- D. Any inmate with a prescribed medical diet who requests a religious diet inconsistent with a medical diet prescribed the inmate, will have their request reviewed by the Cultural Coordinator or equivalent and Health Services staff.
- E. The Coordinator will periodically review religious diets and meals associated with a particular religion recognized by the DOC to determine whether the religious diet or meal requested is consistent with the required tenets of the religion and does not contradict the justified penological interests of the DOC. Any known or documented issues associated with offering the religious diet or meal since the last review will be considered.
- F. Participation in a religious diet shall not be restricted on the basis of race, color, nationality, sex, sexual orientation, disability or other protected status.
- G. Inmates participating in a religious diet shall have the approved diet continued upon transfer to another DOC facility or contract facility. Substitutions may be required for certain food items based on availability or foodservice vendor preferences. Any issues with providing a religious diet must be directed to the Cultural Coordinator.
- H. Inmates approved for a religious diet shall not have their diet restricted based on classification status or housing placement, unless extenuating circumstances exist which necessitate the inmate's diet be temporarily changed due to concerns for the inmate's safety, or security of the facility. Restrictions or modifications to the diet shall be least restrictive as possible, given the compelling concerns for safety and security. The Coordinator will be notified of the restriction or modification. The staff member(s) or committee ordering the restriction or modification shall notify the inmate of the restriction or modification prior to this being implemented.
  - 1. The inmate may appeal the decision through the Administrative Remedy process (See DOC policy DOC policy **1.3.E.2 Administrative Remedy for Inmates**).

### 2. Medical Diets:

- A. If an inmate refuses a prescribed medical diet due to conflicts with their religion, Health Service staff will review the dietary requirements of the inmate's medical/therapeutic diet to determine if

a *Release of Responsibility* form is required (See [Attachment 3](#) and DOH policy P-G-05 ***Informed Consent and Right to Refuse***)

1. Any inmate who refuses a prescribed medical diet will be counseled by Health Services staff regarding the medical and health risks, if any, of refusing the prescribed medical/therapeutic diet (See DOH policy P-D-05 ***Medical Diets***).
  2. An inmate who terminates their medical diet by signing a *Release of Responsibility* may request reinstatement of the medical diet by submitting a written request to Health Services. Health Services may prescribe a medical diet if medically appropriate.
- B. Prescriptions for a medical diet order will be reviewed and rewritten (if deemed necessary) by Health Service staff, annually or more often as clinically indicated. Prescriptions should be specific, complete and furnished in writing to the institution's food service manager (ACA #5-ACI-5C-06). A medical diet approved for an inmate by Health Services may only be ordered or modified by Health Services staff.
- C. Inmates prescribed a medical diet shall have the approved diet continued upon transfer to another DOC facility or contract facility. Substitutions may be required for certain food items based on availability or foodservice vender preferences. Any issues with a medical diet shall be directed to Health Services.

### 3. Guidelines:

- A. Inmates provided religious or medical diets must follow the rules and procedures relating to receipt and request of religious and medical diets. Additional rules specific to inmate meals and food are found in the ***Inmate Living Guide***.
1. Inmates who have a religious or medical meal tray served cannot take a mainline tray, unless a special holiday meal is served.
    - a. Inmates observed not picking up nine (9) or more medical trays within any thirty (30) day period without prior notice to the food service vender, i.e. illness or reasons outside of the inmate's control, such as being out-to-court or hospital, shall be considered to be refusing the medical diet and may have their medical diet terminated by Health Services. The inmate must sign a *Release of Responsibility* form.
    - b. If the food services vender documents an inmate has failed to pick up nine (9) or more religious meal trays within any thirty (30) day period without providing proper notice, the cultural coordinator will be notified. The Coordinator will follow up with the inmate to determine if the inmate should be removed from religious meal plan.
    - c. Special holiday meals will not count towards the nine (9) medical or religious meal trays. Special holiday meals are served on Easter, Cinco de Mayo, Memorial Day, July 4<sup>th</sup>, Labor Day, Native American Day, Thanksgiving, and Christmas.
  2. Inmates may not give away, trade or sell food items served during a meal.
  3. Religious or medical diets offered shall not be restricted as a disciplinary sanction for behaviors committed by the inmate.
- B. The following religious or medical diets shall normally be offered to inmates housed at a South Dakota DOC facility:

1. Kosher;
  2. Halal;
  3. Religious vegetarian;
  4. Medical vegetarian;
  5. Diabetic;
  6. Lactose free;
  7. Gluten free;
  8. Low sodium;
  9. Liquid;
  10. Dental soft;
  11. Other medical diets will be offered as ordered by health services.
- C. Religious diet meals served by the food vendor shall provide adequate nutrition, as approved by the dietician.
- D. This policy does not apply to inmate requests for specific food or preparation of specific, special meals associated with a religious or cultural ceremony/event. Such requests must be made through a *Project Application* (See [Attachment 2](#)).
- E. Inmates may withdraw their request to receive a religious diet at any time by submitting a written request to the Cultural Coordinator or equivalent. The Coordinator will ensure COMS is updated to reflect changes in the inmate's diet. Requests to receive a mainline tray/meal may take up to two (2) weeks from the date the request is received to be processed and adjustments made by the food service contractor.
- F. Inmates who voluntarily terminate participation in a religious may request reinstatement of the terminated religious diet by submitting a written notice to the facility Cultural Coordinator or equivalent no sooner than ninety (90) days following the date of the meal or diet was terminated.
- G. Inmates with personal preferences as to what they eat and those who choose to observe certain dietary choices which are not required by the tenets of the religion, may choose to abstain from eating certain foods through self-selection of food offered/provided on the main line meals.

## V Related Directives:

DOC policy 1.3.E.2 -- [Administrative Remedy for Inmates](#)

DOH policy P-D-05 -- *Medical Diets*

DOH policy P-G-05 -- *Informed Consent and Right to Refuse*

[Inmate Living Guide](#)

[Inmate Living Guide - Spanish](#)

## VI Revision Log:

Removed revisions history 2006-2009.

**December 2010: No changes**

**July 2012: Added** "The inmate will be monitored and counseled regarding the risks of refusing the medical diet or inadequate nutrition" to Section 1 C. and D.

**December 2012: Deleted** "If a requested religious diet conflicts with an existing medical diet order of the nourishment requirements of the inmate as prescribed by a medical professional, the inmate must sign a Release of Responsibility form prior to receiving the religious diet" and **Replaced** with "For any inmate with a medically-confirmed food allergy or medically-prescribed diet who is requesting a religious diet that is not consistent with the medical allergy or medical diet, the request for a religious diet will be forwarded and reviewed on a case by case basis by the facility's cultural activities coordinator and medical staff". in Section 1 C Added "food allergy or prescribed" and **Deleted** "and the inmate wishes to continue the religious diet, he /she must sign" and **Replaced** with "the cultural activities coordinator and medical staff will review the dietary requirements of the meals to determine if" and **Deleted** "or the religious diet will be discontinued" in Section 1 D. **Moved** language from D. and **Added** 1. to D.

**Deleted** "The inmate" and **Replaced** with "Any inmate who signs a Release of Responsibility" in Section 1. D 1 **Added** "health and wellbeing" and "they will be" and "possible" to Section 1 C. **Deleted** "special medical and religious diets" and **Replaced** with "religious diets and food/meals in the institution" in Section 2 A. **Deleted** a. "Give away or trade food" and **Deleted** c. "Fail to pick up or refuse to pick up a religious diet meal" and **Deleted** d. "Otherwise intentionally waste or destroy food" in Section 2 A. 1.

**Deleted** 2. "An inmate provided a religious diet must comply with all applicable DOC and DOH policies and operational memorandums" in Section 2 A.

**December 2013: Added** definition of "Medical Diet". **Added** 1. and 2. to Section 1 C. **Added** E, F. and G. to Section 1. **Added** b. to section 2 A. 1. **Deleted** "This policy does not modify or change SD DOC policy" and **Replaced** with "Inmate's may withdraw their request to receive a religious diet at any time. Requests to change a diet/meal tray may take up to 2 weeks from the date the request is received to be processed and adjustments made by the food service contractor" in Section 2 D.

**December 2014: Added** H. to Section 1.

**December 2015: Added** "The DOC will adhere to standardized approved procedures for purchasing, preparing and serving religious and alternate diets/meals" in the policy statement. **Deleted** "A special diet essential to the practice of an inmate's sincerely held religious beliefs" and **Replaced** with "Dietary restrictions imposed as a result of a mandatory religious tenet of a particular officially recognized faith group which cannot otherwise be routinely satisfied through self-selection from the menu items available on the main food line and served only to inmates whose names are on the religious or alternate diet approved participant list" in the definition of "Religious Diet" **Added** definition of "Alternative Diet"

**Added** definition of "Main Line Meal" and "Medical Vegetarian diet" **Added** term "alternative" throughout the policy. **Added** new A. and D. in Section 1. **Deleted** "consistent with DOC interests, including but not limited to" and **Replaced** with "within the inherent limitations of resources and does not limit or detract from the need for facility security, safety, health and good order. The approval of religious or alternative diets shall not conflict with any legitimate penological interests, including" in Section 1 E. **Added** I. and J. to Section 1. **Deleted** b. "Are responsible for controlling individual food consumption and following the religious diet. Inmates observed eating food inconsistent with a religious diet or not picking up the majority of their religious diet meals may have their request for religious diet denied" in Section 2. A. 1.

**Added** 2. "Will be provided with a mainline tray unless pork or pork products are used in the meal. If pork or pork products are used in the meal, the inmates on the alternative diet will be provided with the religious diet meal" in Section 2 A. **Added** a. "Inmates receiving a religious or alternative diet are responsible for controlling individual food consumption and following their respective diet. Inmates observed not picking up a majority of their meals may be removed from their respective diet" in Section 2. A. **Added** "by submitting a written request to the facility cultural coordinator or designee. The facility cultural coordinator or designee shall notify the facility food services supervisor of the voluntary termination. Requests to receive a mainline tray/meal and **Deleted** "change a religious or alternative diet" and **Deleted** "a majority of their meals may be removed from their respective diet" and **Replaced** with "six or more consecutive religious meal trays without proper notice to the cultural coordinator or

designee may be subject to disciplinary action and termination or suspension from the religious diet" in Section 2 C. **Added** E. F. and G. to Section 2.

**December 2016:** Reviewed with no changes.

**June 2021:** Deleted "Alternative" and **Replaced** with "Medical" in policy title. Deleted "Alternative Diet" definition. **Added** "restricted heart healthy, diabetic, gluten free, dental" to definition of Medical Diet. **Added** "Meat substitutions will be reviewed by the consultant and assigned DOC staff" to Medical Vegetarian Diet definition. **Added** "Includes halal, kosher, and vegetarian" to Religious Diet definition. **Removed** "alternative" diet throughout policy. **Added** "Diets and meals offered to inmates of a particular faith shall adequately meet the minimum requirements established by religion/faith" in Section 1 A. **Deleted** "thirty (30)" and **Replaced** with "ten (10) calendar days" in Section 1 B. **Added** "Nothing in this policy precludes an inmate from voluntarily participating in certain religious practices" in Section 1 B. **Deleted** "C. The Coordinator may interview the inmate to determine if the inmate's request for a religious diet is motivated by a sincere belief. Inmates may be required to provide evidence supporting and describing the diet required by the tenets of the religion they profess to follow." in Section 1 and **Reformatted** subsequent subsections. **Moved** Section 1 F, G, H and L to Section 2. **Deleted** 1 K "Inmates are not required to participate in a religious or alternative diet." **Added** a new Section 2 "Medical Diets" and **Moved** old Section 2 to new Section 3 "Guidelines." **Added** "unless a special holiday meal is served" to Section 3 A 1. **Added** a, b and c to Section 3 A 1. **Deleted** "six or more consecutive religious meal trays" and **Replaced** with "nine (9) or more religious meal trays within any thirty (30) day period" in Section 3 A 1 b. **Added** 3 A 1 c Special holidays exception. **Added** 3 A 3. "Religious or medical diets offered shall not be restricted as a disciplinary sanction for behaviors committed by the inmate." **Added** 5. Diabetic, 6. Lactose free, 7. Gluten Free, 8. Low Sodium, 9. Liquid, 10. Dental soft, 11. Other medical diets will be offered as ordered by Health Services in Section 3 B. **Moved** a portion of Section 3 C to Section 3 A 1 b. **Deleted** "The facility cultural coordinator or designee shall notify the facility food services supervisor of the inmate's voluntary termination" and **Replaced** with "The Coordinator will ensure COMS is updated to reflect changes in the inmate's diet" in Section 3 F. **Deleted** "who voluntarily terminate their religious or alternative diet may choose to meet their dietary needs through" and **Added** "with personal preferences as to what they eat and those who choose to observe certain dietary choices which are not required by the tenets of the religion, may choose to abstain from eating certain foods through" in Section 3 G. **Updated** Attachment 1.

**December 2021:** 2.B – ACA standard number **revised** to reflect ACA Fifth Edition Standard numbering. Related Directives – **Added** link to Spanish copy of Inmate Living Guide.

*Doug Clark (original signature on file)*

Doug Clark, Interim Secretary of Corrections

01/21/2022

Date

## Attachment 1: Request for Religious Diet

The ***Request for Religious Diet*** form is located in PolicyTech.  
The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution: Public	Attachment: Request for Religious Diet Please refer to DOC policy 1.5.F.2 Inmate Religious and Medical Diets
<b>REQUEST FOR RELIGIOUS DIET</b>	
Inmate Name: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> _____	
Inmate Number: <span style="background-color: #cccccc; display: inline-block; width: 80px; height: 1.2em; vertical-align: middle;"></span> _____ Cell/Room #: <span style="background-color: #cccccc; display: inline-block; width: 80px; height: 1.2em; vertical-align: middle;"></span> _____	
Facility: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> _____	
Diet Requested: <input type="checkbox"/> Halal <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian	
Are you currently receiving a medical diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Complete, sign, and date the acknowledgment below: <div style="margin-left: 40px; text-align: center; padding-top: 10px;">I have read DOC policy 1.5.F.2 Inmate Religious and Medical Diets and I understand the guidelines for participation in the Religious Diets program. I agree to adhere to the chosen menu indicated above. I understand that if I fail to pick up nine (9) or more religious meal trays within a thirty (30) day period without proper notice that my religious meal plan may be terminated.</div>	
_____ Inmate Signature	_____ Date
_____	
BOTTOM SECTION TO BE COMPLETED BY DOC STAFF	
The date the religious diet can begin is: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> _____	
_____ Cultural Activities Coordinator Signature	_____ Date
Revised: 04/15/2021	
Page 1 of 1	

## Attachment 2: Project Application


The **Project Application** is located in PolicyTech.  
The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution: Public		Attachment: Project Application (DE-3) Please refer to DOC policy 1.5.F.2 Inmate Religious and Medical Diets	
<b>PROJECT APPLICATION</b>			
Project Title: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
Name of Individual/Group & Unit: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
Purpose of Project: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
Date: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
Describe the project activities (Include benefits derived from the project, time table, security implications, number of inmates required and any other special considerations).			
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Documentation Support (if needed): <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
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Estimated Budget: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
Project Coordinator: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Date: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	
Submitted by: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Date: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	
Unit Manager/Cultural Activities Coordinator: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Date: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	
Associate Warden: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Date: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	
Approved <input type="checkbox"/>		Denied <input type="checkbox"/>	
Date: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		<input type="checkbox"/> Forwarded to Commissary Committee	
		<input type="checkbox"/> Forwarded to Property Committee	
Administrative Comments: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
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Attach program agenda (if applicable).			
White: AW of Operations      Yellow: CAC      Pink: Special Security      Gold: Organization/Inmate			
Revised: 12/8/2008		Page 1 of 1	



## Attachment 3: Release of Responsibility

The **Release of Responsibility** form is not a DOC form, therefore is **provided by DOH staff**.

<b>DEPARTMENT OF HEALTH CORRECTIONAL HEALTH CARE</b>  <b>RELEASE OF RESPONSIBILITY</b>		 <small>SOUTH DAKOTA DEPARTMENT OF HEALTH</small>  Correctional Health Care
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 60%;">           Inmate Name: <input style="width: 80%;" type="text"/>            DOB: <input style="width: 40%;" type="text"/>            DOC #: <input style="width: 40%;" type="text"/> </div>		
Date: <input style="width: 40%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	
This is to certify that I, <input style="width: 100px;" type="text"/> (Print Offender's Name) currently in custody at the <input style="width: 100px;" type="text"/> (Print Facility's Name) am refusing to accept the following treatment / recommendations: <input style="width: 150px;" type="text"/>		
<u>Reason:</u> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
<p>By signing this medication / health care waiver form, I understand and acknowledge that a healthcare provider has prescribed or recommended certain medications and/or medical care to me based on his or her medical judgment and belief that the medications or medical care is needed to treat, control, and/or prevent certain negative medical conditions. I understand that if I have any questions or concerns about any medications or medical directives prescribed by a health professional, that I should bring those questions or concerns to my healthcare provider. I further acknowledge that I have been given the opportunity to discuss any questions or concerns with a healthcare provider. By signing below, I am making an informed decision not to follow the advice of my healthcare provider and hereby waive any and all causes of action arising from or as a result of my failure to follow the medical judgment of my healthcare provider. If at any point in the future, I should change my mind and wish to restart the prescribed medication that I have refused, I will notify health services of my intention and the visit with the onsite provider will be free of charge.</p>		
<input style="width: 100px; height: 20px;" type="text"/> (Signature of Offender)**	<input style="width: 100px; height: 20px;" type="text"/> (Signature of Medical Staff)	
<input style="width: 100px; height: 20px;" type="text"/> (Witness)**	<input style="width: 100px; height: 20px;" type="text"/> (Witness)**	
<p><b>** A refusal by the inmate to sign requires the signature of a least one witness in addition to that of the medical staff member. **</b></p>		
Revised 11/08/18		H-56