

1.5.F.2 Inmate Religious and Alternative Diets

I Policy Index:



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Replaces Policy: N/A
Supersedes Policy Dated: 01/25/2015
Affected Units: All Institutions
Effective Date: 03/22/2016
Scheduled Revision Date: December 2016
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Office of Primary Responsibility: DOC Administration

II Policy:

The Department of Corrections (DOC) will provide inmates with reasonable and equitable opportunities to observe their essential religious dietary practices within facility budgetary and security constraints. The DOC will adhere to standardized approved procedures for purchasing, preparing and serving religious and alternate diets/meals. Religious and alternative diets will be nutritionally adequate and consistent with maintaining the safety, security and orderly operation of each facility.

III Definitions:

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 and served only to inmates whose names are on the religious diet approved participant list.

Medical Diet:

A special diet ordered for temporary or permanent health conditions that restricts types, preparation, and/or amounts of food. Examples include restricted calorie, low sodium, low fat, soft, liquid, bland, lactose free and nutritional supplementation diets. Does not include special diets ordered for security reasons.

Medical Vegetarian Diet:

Contains all the food items approved and provided on a main line meal tray except meat. The main source of protein is rice and beans. The medical vegetarian diet is not comprised of kosher products.

Alternative Diet:

A special diet that is free of pork or pork products.

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.

IV Procedures:

1. Request for a Religious or Alternative Diet:

- A. Inmates will be afforded reasonable and equitable opportunity to observe the religious dietary requirements mandated by the religious tenets of officially recognized faith groups within the South Dakota DOC.
- B. An inmate requesting a religious or alternative diet must complete a [Request for Religious or Alternative Diet](#) form and submit the form to the facility's cultural activities coordinator or designee (See [Attachment 1](#)). The time to process/approve the request shall not exceed thirty (30) calendar days.
- C. The cultural coordinator or designee may interview the inmate to determine if the inmate's request to consume a religious or alternative diet is motivated by a sincere belief.
- D. The inmate's request for a religious or alternative diet may be granted if providing the diet/meal is within the inherent limitations of resources of the facility and does not limit or detract from the need for facility security, safety, health and good order and the approved operation of a uniform food service program. The approval of religious or alternative diets shall not conflict with any legitimate penological interests.
- E. Any inmate with a prescribed medical diet requesting a religious or alternative diet inconsistent with the inmate's prescribed medical diet, will have their request reviewed on a case-by-case basis by the facility's cultural coordinator or designee and health service staff.
- F. If an inmate refuses a prescribed medical diet, he/she will be monitored by Health Service staff and counseled regarding the risks of refusing the prescribed medical diet.
- G. Health Service staff will review the dietary requirements of the refused medical diet to determine if a [Release of Responsibility](#) form is required (See [Attachment 3](#) and DOH policy P-I-05 [Informed Consent and Right to Refuse](#)).
- H. If an inmate prescribed a medical diet that conflicts with his/her current religious or alternative diet refuses the medical diet, the cultural coordinator or designee and health service staff will review the dietary requirements of the medical diet to determine if the inmate is required to sign a Release of Responsibility form (See [Attachment 3](#) and DOH policy P-I-05 [Informed Consent and Right to Refuse](#)).
 1. Any inmate who refuses a prescribed medical diet will be monitored and counseled regarding the medical and health risks of refusing the prescribed medical diet (See DOH policy P-F-02 [Medical Diets](#)).
- I. The cultural coordinator will periodically review religious practices recognized by the DOC to determine whether a religious practice, i.e. religious diet, remains within the scope of best correctional practice and religious accommodation.
- J. Participation in a religious or alternative diet shall not be restricted on the basis of race, color, nationality, sex, sexual orientation or creed.
- K. Inmates are not required to participate in a religious or alternative diet.
- L. Prescriptions for medical diets will be reviewed and rewritten (if deemed necessary) by Health Service staff annually, or more often as clinically indicated (ACA 1-HC1A-38).

- M. Inmates who are approved for participation in a religious or alternative diet shall have that diet continued upon subsequent transfer to another DOC facility with written notification provided by the inmate to the facility cultural coordinator or designee.
- N. Inmates approved for a religious or alternative diet shall not have their diets restricted based on their 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, i.e. inmates placed on mental health watch. The staff member(s) or committee ordering the change in the inmate's diet shall retain authority to determine when to restore the inmate to their approved religious or alternative diet.

2. Religious and Alternative Diet Guidelines:

- A. Inmates provided religious alternative diets must follow the rules and procedures relating to religious and alternative diets. Additional rules specific to inmate meals and food are found in the [Inmate Living Guide](#).
 - 1. Inmates provided a religious meal tray cannot take a mainline tray.
 - 2. Inmates may not give away, trade or sell food items contained on a religious or alternative meal tray.
- B. The following religious or alternative diets shall normally be provided to approved inmates housed at a South Dakota DOC facility:
 - 1. Kosher diet
 - 2. Halal
 - 3. Religious vegetarian diet
 - 4. Medical vegetarian diet
 - 5. Alternative diet
 - a. Inmates provided an alternative diet tray will be provided with a main line 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 medical vegetarian diet.
- C. Inmates receiving a religious or alternative diet are responsible for controlling individual food consumption and following their respective diet, including dietary requirements deemed essential by the faith. Religious or alternative diet meals shall provide adequate nutrition and be approved by the dietician. Inmates observed not picking up 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.
- D. This policy does not apply to inmate requests for specific food, or preparation of meals associated with a special 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 or alternative diet at any time 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 inmate's voluntary

termination. 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. An inmate who voluntarily terminates participation in receipt of a religious or alternate diet may request reinstatement of the terminated religious or alternate diet by submitting a written request to the facility cultural coordinator or designee no sooner than ninety (90) days following the date of the termination notice.
- G. Inmates who voluntarily terminate their religious or alternative diet may choose to meet their dietary needs through self-selection of food offered through the main line/regular tray.

V Related Directives:

DOH policy P-F-02 -- [Medical Diets](#)

DOH policy P-I-05 -- [Informed Consent and Right to Refuse Inmate Living Guide](#)

VI Revision Log:

August 2006: New policy.

January 2007: Revised Attachment 1.

February 2007: **Deleted** references to removing inmates from the religious diet as a disciplinary sanction.

January 2008: No changes made.

December 2008: **Revised** formatting of policy and attachments in accordance with DOC policy 1.1.A.2. **Replaced** "Facilities" with "Institutions" within Affected Units of Section I. **Replaced** title of form to Release of Responsibility in ss (C and D of Inmate Request for a Religious Diet. **Updated** pictures of Attachments 1 and 2. **Added** Attachment 3 to policy.

June 2009: **Added** reference to Attachment 3 within ss (D of Inmate Request for a Religious Diet). **Deleted** former ss (A3 of Religious Diet Guidelines) regarding an inmate prohibited from purchasing, possessing, ordering, or consuming any food inconsistent with the religious diet. **Added** hyperlinks throughout policy.

December 2009: **Revised** minor formatting. **Added** hyperlinks.

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.

Denny Kaemingk (original signature on file)

Denny Kaemingk, Secretary of Corrections

03/22/2016

Date

Attachment 1: Request for Religious and Alternative Diet

The **Request for Religious Diet** form is located on the WAN.

A copy may be printed using **Microsoft Word 97** as follows:

1. Click [here](#) to access the **Request for Religious or Alternative Diet** by:
 - a. Placing mouse on the word "here" above
 - b. Press and hold the "Ctrl" key on the keyboard
 - c. Click the left button of mouse.
- 2.. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Request for Religious or Alternative Diet**.

The gray areas indicate the information that is to be entered.

<p>South Dakota Department of Corrections Policy Distribution: Public</p>	<p>Attachment: Request For Religious or Alternative Diet Please refer to DOC policy 1.5.F.2 Religious and Alternative Diets</p>	<p>South Dakota Department of Corrections Policy Distribution: Public</p>	<p>Attachment: Request For Religious or Alternative Diet Please refer to DOC policy 1.5.F.2 Religious and Alternative Diets</p>
<p align="center">REQUEST FOR RELIGIOUS OR ALTERNATIVE DIET</p>		<p>If approved, the date the religious or alternative diet can begin is: _____</p>	
<p>Inmate Name: _____</p>		<p>Cultural Activities Coordinator Signature _____</p>	
<p>Inmate Number: _____ Facility: _____ Cell Room #: _____</p>		<p>Date _____</p>	
<p>Diet Requested: <input type="checkbox"/> Muslim/Halaal <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian <input type="checkbox"/> Alternative <input type="checkbox"/> Other</p>			
<p>If you checked "Other," you must provide the following information (attach additional sheets of paper if you need more room for your answer).</p>			
<p>1. Describe the diet you are requesting. Identify food items you claim are prohibited or mandated by your religion. Include any special eating times; e.g. eating after sundown, etc.</p>			
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>2. Explain in detail how the diet relates to your religion, why it is mandated, and list the books or authorities that support your request.</p>			
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>3. Are you currently receiving a medical diet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Complete, sign, and date the acknowledgment below:</p>			
<p>I agree to follow all policies, rules, and guidelines governing religious and alternative diets. I understand that if I fail to follow my religious or alternative diet I am subject to disciplinary action as provided in the <i>Inmate Living Guide</i> and DOC policy 1.5.C.2 <i>Inmate Discipline System</i>.</p>			
<p>Inmate Signature _____ Date _____</p>			
<p align="center">BOTTOM SECTION TO BE COMPLETED BY DOC STAFF</p>			
<p>The request for a religious or alternative diet is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>			
<p>Revised: 03/11/2016 Page 1 of 1</p>		<p>Revised: 03/11/2016 Page 1 of 1</p>	

Attachment 2: Project Application

The **Project Application** sample form is located on the state's WAN and the actual copy for use in carbon format.

A copy may be printed using **Microsoft Word 97** as follows:

1. Click [here](#) to access the **Project Application** by:
 - a. Placing mouse on the word "here" above
 - b. Press and hold the "Ctrl" key on the keyboard
 - c. Click the left button of mouse.
- 2.. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Project Application**.

The gray areas indicate the information that is to be entered.

The image shows a screenshot of a Microsoft Word 97 document titled "PROJECT APPLICATION". The document is a form for submitting project applications. It contains several sections with text input fields and checkboxes. A large, semi-transparent "SAMPLE" watermark is overlaid diagonally across the center of the form. The form fields include:

- Project Title: []
- Name of Individual/Group & Unit: []
- Purpose of Project: []
- Date: []
- Describe the project activities (include benefits derived from the project, time table, security implications, number of inmates required and any other special considerations): []
- Documentation Support (if needed): []
- Estimated Budget: []
- Project Coordinator: [] Date: []
- Submitted by: [] Date: []
- Unit Manager/Cultural Activities Coordinator: [] Date: []
- Associate Warden: [] Date: []
- Approved Denied Date: []
- Forwarded to Commissary Committee
- Forwarded to Property Committee
- Administrative Comments: []
- Attach program agenda (if applicable).
- While: AW of Operations Yellow: CAC Pink: Special Security Gold: Organization/Inmate

At the bottom of the form, it says "Revised: 12/8/2008" and "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.

**DEPARTMENT OF HEALTH
CORRECTIONAL HEALTH CARE**

RELEASE OF RESPONSIBILITY

Date: _____ Time: _____

This is to certify that I, _____
(Print Offender's Name)

currently in custody at the _____
(Print Institution Name)

am refusing to accept the following treatment / recommendations: _____

I acknowledge that I have been fully informed of and understand the above treatment(s) / recommendation (s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City / County / State, Statutory Authority, All Correctional Personnel, and all Department of Health Correctional Health Care Personnel from all responsibility and any ill effects which may result from this action / refusal, and I personally assume all responsibility for my welfare.

_____ <small>(Signature of Offender)**</small>	_____ <small>(Signature of Medical Staff)</small>
_____ <small>(Witness)</small>	_____ <small>(Witness)</small>

** A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.