

## 1.5.F.2 Religious Diet

### I Policy Index:



**Date Signed:** 01/11/2014  
**Distribution:** Public  
**Replaces Policy:** N/A  
**Supersedes Policy Dated:** 04/12/2013  
**Affected Units:** Adult Institutions  
**Effective Date:** 01/13/2014  
**Scheduled Revision Date:** December 2014  
**Revision Number:** 11  
**Office of Primary Responsibility:** DOC Administration

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### II Policy:

The Department of Corrections (DOC) will provide inmates with reasonable and equitable opportunity to observe their essential religious dietary practices within facility budgetary and security constraints. Religious diets will be nutritionally adequate and consistent with maintaining the safety, security and orderly operation of each adult institution.

### III Definitions:

#### **Religious Diet:**

A special diet that is essential to the practice of an inmate's sincerely held religious beliefs.

#### **Medical Diet:**

Special diet ordered for temporary or permanent health conditions that restrict 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 granted for religious reasons or ordered for security reasons.

### IV Procedures:

#### **1. Inmate Request for a Religious Diet:**

- A. An inmate requesting a religious diet must complete and submit a [Request for Religious Diet](#) form to the facility's cultural activities coordinator (See [Attachment 1](#)).
- B. The request for a religious diet may be granted if providing the diet/meal is consistent with DOC interests, including but not limited to:
  1. Institutional order;
  2. Institutional safety;
  3. Institutional security;
  4. Providing adequate nutrition to the inmate and;

5. The operation of a uniform food service program.
- C. Any inmate with a prescribed medical diet who requests a religious diet not consistent with a existing prescribed medical diet will have his/her request reviewed on a case-by-case basis by the facility's cultural activities coordinator and medical staff.
    1. If the inmate refuses the prescribed medical diet that conflicts with his/her requested religious, her/she will be monitored and counseled regarding the risks of refusing the prescribed medical diet.
    2. The cultural activities coordinator and medical staff will review the dietary requirements of the 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](#)).
  - D. If an inmate is prescribed a medical diet that conflicts with his/her current religious diet, the cultural activities coordinator and medical staff will review the dietary requirements of the 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](#)).
    1. Any inmate who refuses a prescribed medical diet will be monitored and counseled regarding the risks of refusing the prescribed medical diet (See DOH policy P-F-02 [Medical Diets](#)).
  - E. The cultural activities coordinator will periodically review religious practices to determine whether a religious practice, i.e. religious diet, remains within the scope of best correctional practice and religious accommodation.
  - F. Participation in a religious diet shall not be restricted on the basis of race, color, nationality, sex, sexual orientation or creed.
  - G. Inmates are not required to participate in a religious diet.

## 2. Religious Diet Guidelines:

- A. An inmate provided with a religious diet/meal must follow the rules and procedures set forth in the [Inmate Living Guide](#) as they relate to religious diets and food/meals in the institution.
  1. Additionally, inmates provided a religious diet:
    - a. Cannot take a "mainline" tray.
    - b. Are responsible for controlling their own 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.
- B. This policy does not apply to inmate requests for food to be used or eaten during a religious or cultural ceremony. Such requests must be made through a [Project Application](#) (See [Attachment 2](#)).
- C. Inmates may withdraw their request to receive a religious diet at any time. Requests to change a religious diet 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.

## 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.

*Denny Kaemingk* (original signature on file)

Denny Kaemingk, Secretary of Corrections

01/11/2014

Date

## Attachment 1: Request for a Religious 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 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 Diet**.

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 Religious Diet	
<b>REQUEST FOR RELIGIOUS DIET</b>			
Inmate Name: <input type="text"/>			
Inmate Number: <input type="text"/>		Facility: <input type="text"/>	Cell/Room #: <input type="text"/>
Religious Diet Requested: <input type="checkbox"/> Muslim <input checked="" type="checkbox"/> <del>Kosher</del> <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other			
If you checked "Other", you must provide the following information (attach additional sheets of paper if you need more room for your answer):			
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.			
<input type="text"/>			
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.			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Complete, sign and date the acknowledgment below:			
I agree to follow all policies, rules and guidelines governing religious diets. I understand that if I fail to follow my religious diet I am subject to disciplinary action as provided in the <i>Inmate Living Guide</i> and DOC policy 1.3.C.2 <i>Inmate Discipline System</i> .			
<input type="text"/>		<input type="text"/>	
Inmate Signature		Date	
BOTTOM SECTION TO BE COMPLETED BY DOC STAFF			
The request for a religious diet is: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied			
If approved, the date the religious diet can begin is: <input type="text"/>			
<input type="text"/>		<input type="text"/>	
Cultural Activities Coordinator Signature		Date	
<input type="text"/>		<input type="text"/>	
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### 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.