



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 700-31	PAGE NUMBER 1 OF 7
		DISTRIBUTION:	Public
		SUBJECT:	Medical and Religious Diets
RELATED STANDARDS:	ACA 5-ACI: 4A-18, 5C-06, 5C-07	EFFECTIVE DATE:	07/01/2024
		SUPERSESSION:	04/15/2024
DESCRIPTION: Clinical Services	REVIEW MONTH: March	 <b>KELLIE WASKO</b> SECRETARY OF CORRECTIONS	

## I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to *provide* medical diets, as prescribed by Clinical Services healthcare practitioners after consultation with registered dietitians and to have available religious *special diets for offenders whose religious beliefs require adherence to religious dietary laws* [ACA 5-ACI-5C-07]. These diets are maintained within the inherent limitation of resources and the need for facility security, safety, health, and order, through standard menu substitutes, commissary selections, and cultural activities.

## II. PURPOSE

The purpose of this policy is to outline the medical and religious diet program and procedures for requesting, verifying, approving, and preparing nutritionally sound meals.

## III. DEFINITIONS

### Master Menu:

A four (4) week cyclical menu used by DOC facilities. The master menu is planned by a menu committee and is analyzed and approved for nutritional adequacy by the registered dietitian.

### Medical Diet:

Specific foods and/or food preparation techniques that satisfy medical diet therapy requirements, as prescribed by a healthcare practitioner.

### Religious Diet:

Specific foods and/or food preparation techniques that satisfy recognized religious dietary requirements, religious programs, services, clergy, faith group representatives, and practices.

### Vegetarian Diets:

A diet composed predominately of plant foods and may or may not include fish, eggs, and dairy products.

1. Lacto-Ovo Vegetarian: A diet that excludes meat, poultry, and fish. May contain eggs, milk, and milk products.
2. Vegan (total vegetarian): A diet that excludes meat, poultry, fish, eggs, milk, and dairy products. May contain fruits, grains, legumes, vegetables, nuts, and seeds.

## IV. PROCEDURES

### 1. Medical Diets:

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- A. *Therapeutic diets are provided, as prescribed, by appropriate clinicians. A therapeutic diet manual is available in health services and food services for reference and information. Prescriptions for therapeutic diets should be specific and complete, furnished in writing to the food services manager, and written annually, or more often, as clinically indicated [ACA 5-ACI-5C-06].*
- B. Offenders will be educated and encouraged to take responsibility for their diet through healthy choices instead of ordering a medical diet.
1. Nutritious meals will be served to all offenders using a preplanned menu, standardized recipes, and healthy food preparation practices.
  2. Medical diets will only be ordered when there is a documented medical indication as described in the *Prescribed Medical Diets List* (see attachment #1).
  3. Medical diets will not be used to provide a specially prepared meal for the following reasons:
    - a. Individual food preferences, aversions, and/or desire for additional meals or snacks.
    - b. Alleged conditions which are not diagnosed or documented.
    - c. To promote weight loss.

## 2. Registered Dietitian Consultation:

- A. The healthcare practitioner will request a nutritional consultation with the registered dietitian in the electronic health record (EHR).
- B. The registered dietitian will review the consult and set up a clinic visit or video/teleconference, if indicated, to further assess the offender's nutritional needs.
- C. The registered dietitian will make a medical diet recommendation to the healthcare practitioner.
- D. The recommended diet will become an active order only after it has final approval from the healthcare practitioner.
- E. The dietitian may consult with the ordering healthcare practitioner for verification of medical necessity for a diet request prior to making a recommendation.

## 3. Diet and Nutritional Education:

- A. Offenders will be educated and counseled by healthcare professionals using the nutrition handouts in the Food Services Medical Diet Guide. The medical diet guide is electronic and managed by the food service vendor.
- B. Menus for regular diets, restrictive housing, and religious diets are posted on offender tablets.

## 4. Nutritional Adequacy of the Medical Diet Menus:

- A. Medical diet menus are reviewed annually by a registered dietitian to ensure nutritional adequacy.

## 5. Food Allergy/Intolerances:

- A. It is the responsibility of the offender to report any medical/physical changes they may experience as a result of eating foods or food products to a healthcare practitioner.
- B. If an offender enters DOC with a claimed food allergy, a nutritional consultation with the registered dietitian may be ordered.
- C. The healthcare practitioner may order a medically appropriate diet for diagnosed food allergies.

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- D. Food allergies are documented in the EHR and the offender is instructed to avoid the food(s). If food allergies exist beyond the offender's ability to avoid the food(s), the healthcare practitioner may request a registered dietician consultation.

## 6. Facility Transfers and Diet Continuation:

- A. Religious and medical diets will be continued upon transfer to another facility within South Dakota.

## 7. Ordering of Medical Diets and Supplemental Snacks:

- A. Medical diet orders must be written by the healthcare practitioner using the EHR diet ordering system. If a nutritional consult has been sent to the registered dietitian through the EHR medical diet system, the healthcare provider will approve or reject the dietitian's recommendations. The prescribed medical diet order must be supported in the EHR to include the diagnosis and treatment plan.
- B. Medical diet orders must be complete and specific using the diet titles as displayed in the EHR and in the medical diet guide. Upon prescription of a medical diet, a healthcare professional will review with the offender the *Clinical Services Medical Diet Agreement Form* (see attachment #2) and obtain the offender's signature for verification of acceptance or refusal of the prescribed medical diet.
- C. Written/verbal forty-eight (48) hour emergency diet and weekend diet orders will be accepted in special circumstances, as prescribed by the healthcare practitioner. Emergency diet orders extending longer than forty-eight (48) hours must utilize the EHR diet ordering system.
1. Emergency diet orders (if prescribed) can be issued for the following:
    - a. Diet for medical test procedures.
    - b. Diet for acute illness assessed through sick call.
    - c. Finger Food diet, as ordered by the mental health practitioner.
- D. If an offender is placed in restrictive housing and has a medical diet ordered, the medical diet will continue, as ordered.
- E. Supplemental nutrition may be prescribed if there is a documented medical nutritional need. The healthcare practitioner may consult with the registered dietitian if there is a nutritional assessment request for supplemental nutrition.

## 8. Food Service Operational Procedures:

- A. Food services operational changes or substitutions to medical diet trays will be in accordance with the pre-approved operational substitutions list provided by the registered dietitian.
- B. Medical Diet Compliance/Cancellation:
1. A medical diet and/or supplemental snack can only be canceled by an authorized healthcare practitioner.
  2. If the offender fails to comply with the medical diet after they have been counseled by a healthcare practitioner, the medical diet may be discontinued at the discretion of the healthcare practitioner.
  3. The EHR will contain at least one notation stating that the offender has been counseled regarding the importance of compliance with the medical diet.
  4. The offender may also refuse the medical/nutritional therapy prescribed by the healthcare practitioner by completing the Clinical Services Refusal of Treatment form (see attachment in DOC policy 700-02 – *Medical Scope of Service*).
  5. If an offender requests reinstatement of their canceled medical diet, they will be required to schedule a sick call appointment.

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- C. If an offender is considered non-compliant, his or her diet will be discontinued. If a clinical services employee or contract worker is aware of any compliance issues, the issue will be brought to the attention of the healthcare practitioner and documented in the EHR. The following constitutes noncompliance:
1. Unjustified failure to pick up eight (8) meals within a four (4) week period.
  2. Observation by an employee that the diet is not being used properly (i.e., sold, getting food from the regular food line in addition to, or instead of, their therapeutic diet, commissary purchases contrary to the diet ordered, etc.).

## 9. Alternative Meal Services for Restrictive Housing:

- A. Religious and medical meals may be withheld from offenders who use food or food service equipment in a manner that is hazardous to self, staff, or other offenders, or to damage or destroy property. Religious and medical meals (*Alternative meal service*) is on an individual basis and must be based on health and safety considerations only, and meet basic nutritional requirements set by the dietician. Religious and medical meals for an offender *must be approved in writing by the unit manager or restrictive housing manager. The substitution period shall not exceed seven (7) days [ACA 5-ACI-4A-18].*

## 10. Request for Religious Diets:

- A. Religious dietary accommodations allow adherence to abstain from religiously prohibited foods, along with special preparation and still receive adequate calories and nutrition. The menus exclude food products or ingredients considered prohibited under the strictest interpretation of faith tenets and dietary adherence standards.
- B. Halal, kosher, and plant-based religious diet accommodations are not intended to provide all possible foods considered to be permissible, preferred, traditional, cultural, ceremonial, or sacred under the religious tenets. As with the general menu, offenders may supplement food consumption to satisfy their personal preferences from offender commissary.
- C. Offenders may be approved for religious dietary accommodations consistent with their designated religious preference only.
- D. Offenders wishing to receive a religious diet must submit a diet request utilizing the *Request for Religious Diet and Participation Agreement* (see attachment #3).
1. All sections of the request form must be completed to ensure the request is clear and complete.
  2. Requests will be submitted by the offender to the cultural activities coordinator (CAC). Offenders currently approved for a religious diet.
    - a. May be required to re-sign the Request for Religious Diet and Participation Agreement to correspond with updates to this policy.
    - b. May only request a religious diet change when:
      - 1) There has been an approved religion change by the CAC who records it in the comprehensive offender management system (COMS); or
      - 2) Once annually without a religion change within their currently approved faith group affiliation.
  3. The CAC will ensure that both the decision made and the updated religious diet are reflected in COMS.
  4. Offender shall accept all terms of the Request for Religious Diet and Participation Agreement to be eligible to receive accommodation.
  5. The CAC will interview the offender to assess the basis for the dietary request. Offenders shall comply with the interview.
    - a. The purpose of the interview is to assess eligibility for the religious dietary accommodation, rather than sincerity.
  6. The offender will receive a copy of the approved or disapproved request.

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- E. All religious diets must be handled through the process stated above. Religious diets may not be ordered by clinical services employees, volunteer coordinators, or chaplains.
- F. Offenders who are denied religious diet accommodations shall be advised by the CAC to self-select from the regular menu. Meaning, the offender chooses to consume or abstain from foods provided on the general menu.

### **11. Religious Diet Preparation:**

- A. Any religious diets requiring deviation from the general diet menus must be analyzed for nutritional values by a registered dietitian.
- B. Approved religious diets will be prepared according to religious dietary requirements. The diet should be kept as simple as possible and should conform closely to the foods served on the master menu.

### **12. Diet Compliance, Review, and Removal from a Religious Diet or Holiday Participation Roster:**

- A. Offenders receiving a religious diet accommodation are not permitted to choose between a religious diet tray or general menu tray on a meal-to-meal basis.
- B. Violations are defined as violating facility policy, not enforcement of religious adherence. For example, consuming food. Offenders who violate the terms of the religious diet compliance expectations form may become ineligible for religious diet accommodations.
  - 1. Upon witnessing possible/suspected offender religious diet violations, staff members shall complete the *Religious Diet Non-Compliance Form* (see attachment #4) with notification to the CAC. The CAC shall investigate the suspected violation and document their findings via the Religious Diet Noncompliance Report Form.
- C. Incidents of non-compliance, as outlined in the Religious Diet and Participation Agreement, will be recorded in COMs through the Incident Reporting System for DOC facilities. For the first incident of non-compliance, a copy of the Incident Report or Religious Diet Non-Compliance Form will be given as a warning and will be sent by the CAC. The second offense may result in cancellation of the diet for one (1) year from the date of notification.
  - 1. Non-Compliance includes failure to pick up eight (8) or more religious meals within a thirty (30) day period without proper notice, any religious meal plan may be terminated.
- D. COMS records will be maintained regarding non-compliance to support diet cancellations.
- E. Offenders who return to the supervision of DOC facilities from parole, community, or other forms of release will need to reapply for religious diets using the Request for Religious Diet and Participation Agreement.

### **13. Voluntary Religious Diet Cancellation:**

- A. Offenders may request that their religious diet be canceled. Requests should be in writing utilizing the *Religious Diet Cancellation Request* (see attachment #5), or other written and signed correspondence, and will be effective immediately.
- B. Offenders who voluntarily request that their religious diet be canceled must wait for a period of twelve (12) months before requesting that the current diet be reinstated or before requesting that a new diet be approved unless a change of religious affiliation is approved.

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## 14. Holy Days:

- A. The dietary requirements of religious holy days will be taken into consideration, as far as practical, through the master menu. The facility will make a reasonable effort to accommodate recognized religious holy days requiring special foods or serving times.
- B. Some faith traditions may require adherence to temporary diet prohibitions for select holidays (e.g., Baja fasting, Kosher for Passover, Ramadan fasting, Yom Kippur fasting).
- C. DOC shall provide accommodation to ensure that offenders may receive adequate nutrition while adhering to temporary diet prohibitions. Accommodations are not intended to provide all possible foods considered to be permissible, preferred, traditional, cultural, ceremonial, or sacred under religious tenets.
- D. Participant list.
  - 1. The CAC shall review requests and compile approved participants for each multi-day fasting or dietary prohibition. Participant lists shall be provided to the food services manager (FSM) and clinical services staff.
  - 2. Some offenders receiving medical/dental dietary treatment may have contraindications with fasting/dietary prohibitions due to medical conditions, prescribed medication, and or treatment regimens.
  - 3. Food services shall review the participant list in advance to identify offenders receiving medical or dental dietary treatment and consult with the clinical services staff as appropriate.
  - 4. RD and or clinical services staff shall review the participant list in advance and counsel offenders about medical risks or contraindications of fasting or dietary prohibitions. Participation in the referral for counseling is not required for an offender to participate in the religious fast. It is optional and the offender may refuse.
- E. Offenders who wish to voluntarily discontinue multiday fasting/dietary accommodations shall notify the CAC in writing.
  - 1. Verbal cancellation shall not be accepted.
  - 2. If the fast has been voluntarily discontinued due to documented medical issues, an offender may be allowed to resume their fast after the medical issue has resolved. Any other reason behind a voluntary discontinuation of the fast, will not be allowed to resume. The offender will still be allowed to participate in all other aspects of their religion. DOC shall not provide dietary accommodations for a single day.
- F. Some special religious food items may be made available to offenders through the commissary.
- G. Once a list of participants is generated for Passover or Ramadan, only new arrivals to DOC who are currently affiliated with the affected faith group will be eligible to sign up. They will be subject to review by the RD on a case-by-case basis.

## V. RESPONSIBILITY

The director of Clinical and Correctional Services is responsible for the annual review and maintenance of this policy.

## VI. Authority

None.

## VII. History

July 2024

April 2024

February 2024 (Renumbered from 1.5.F.2)

January 2022

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December 2021

June 2021

December 2016

December 2015

December 2014

December 2013

**ATTACHMENTS** (\*Indicates document opens externally)

1. Prescribed Medical Diets List
2. Clinical Services Medical Diet Agreement Form\*
3. Request for Religious Diet and Participation Agreement\*
4. Religious Diet Non-Compliance Form\*
5. Religious Diet Cancellation Request\*
6. DOC Policy Implementation / Adjustments

**PRESCRIBED MEDICAL DIETS LIST**

<b>TITLE</b>	<b>USAGE (Includes but is not limited to)</b>	<b>CONTENT (Includes but is not limited to)</b>
Boost	Nutritional Supplement Will not be used for meal replacement	Vitamins and minerals
Cardiac Diet	Hyperlipidemia, Hypertension, Vascular diseases	Lower in fat, sodium, and cholesterol
Clear Liquid Diet	Maintains hydration while reducing colon activity for digestive problems during acute illness such as nausea, vomiting, diarrhea. Before tests, procedures, or surgeries Post Surgery Maintains hydration while reducing colon activity	Minimal fiber. Inadequate in all nutrients. Avoid length greater than 3 days (72) hours
Dental Soft Diet	Tooth extraction and/or Dental surgery Head and neck surgery	Foods can be whole or blended, chopped, ground, and/or mashed so that they are easy to chew and swallow. Requires some chewing ability. Food can be easily formed into a bolus (a small-rounded mass of a substance, especially of chewed food at the moment of swallowing). Moistened ground meats. – maybe served with broth, gravy, or sauce Cooked fruits and vegetables, refined cooked cereals, refined breads, and pastas.
Diabetic Diet	Type 2, Non-Insulin dependent	Consistency in carbohydrate levels for each meal. *Same daily total calorie/carb count as Diabetic Diet with snack*
Diabetic Diet (with Snack)	Insulin Dependent ONLY Diabetic-Type 1 or Type 2	Consistency in carbohydrate levels for each meal. <b>One</b> snack is provided daily, after dinner meal. *Same daily total calorie/carb count as Diabetic Diet but less at each meal and with a snack to provide more consistent intake.*
Finger Food Diet	Mental health issues r/t insertion Safety issues-On Suicide Precautions Dry Cell Watch	No bones, no utensils, no flatware– all foods can be eaten with fingers, paper spoon, or other paper utensil. Plates and cups must be disposable Styrofoam.
Full Liquid Diet	Facial Surgeries Esophageal Strictures Digestive problems during acute illness such as nausea, vomiting, diarrhea. Transition diet (from clear liquid)	Easily ingested liquid Blenderized/strained foods to a liquid/thin consistency that could pass through a straw. No solid foods



Gastrointestinal GI Soft Diet	Gastrointestinal disorders such as: Irritable Bowel Syndrome (IBS), Crohn's Disease & Ulcerative Colitis (UC) Gastro Esophageal Reflux Disorders (GERD) Diarrhea, diverticulitis	Reduced fiber and/or irritant food items to avoid bowel inflammation, intolerance, malabsorption, or bleeding. NO pepper, spicy options, tomatoes, raw vegetables, broccoli, cabbage, or corn. Recommended Max 30-day duration.
Milk Intolerance Diet	Mild to moderate lactose intolerance	Reduces consumption of lactose (NOT Lactose-Free). Imitation cheese, butter/margarine. NO gravy, fluid milk, ice cream, pudding.
Other Diet as Specified by the Practitioner		
Pregnancy Diet (with Snack)	Pregnant, Gestational Diabetes, Pre-eclampsia/Eclampsia with edema	Additional calories, protein, vitamins, and minerals. One snack is provided daily, after dinner meal.
Renal Dialysis Diet	Patients ON Dialysis Impaired renal functions Liver Disease	Increased Protein Control potassium, sodium, and phosphorus. NO potatoes, beans, citrus fruit.
Renal Pre-Dialysis Diet	Pre-Dialysis patients (NOT on dialysis) Impaired renal functions Liver Disease	Reduced/Restricted Protein Control potassium, sodium, and phosphorus. NO potatoes, beans, citrus fruit.

### CLINICAL SERVICES MEDICAL DIET AGREEMENT

1. Medical Diet: \_\_\_\_\_

- This diet has been recommended as a part of your medical/nutritional treatment plan.
- You have the right to refuse this treatment at any time.
  - Upon diet agreement, if you choose to refuse your medical diet, you must submit a written kite request to clinical services. You will also be required to sign a refusal of medical treatment form (prior to the diet order change going into effect).

2. Meal Service:

- You are required to follow procedures as outlined regarding special trays at your facility.
- It is your responsibility to check your tray for items that are not permitted according to your medical diet order and report them to custody/control immediately.

3. Noncompliance with your medical diet includes, but is not limited to:

- Repeated failure to pick up your medical diet. This is defined as missing eight (8) or more meals within a 30-day period.
- Observations by a food services employee, DOC employee, or contract worker that the diet is not being used properly.
- Taking food from the regular food line in addition to or in place of your medical diet tray.
  - You are entitled to one tray per meal service period. If you take or attempt to take a second tray during the same meal period, you may be subject to a disciplinary rule infraction and a fine for the cost of preparing the second tray.
- Selling, trading, or giving away food items from your medical diet tray or medically ordered diet item.
- Giving away your tray, receiving an additional tray from another offender, or signing for someone else’s medical or religious diet tray.

4. Discontinuation of the medical diet:

- Noncompliance with facility processes or procedures regarding medical diets or noncompliance with the medical diet agreement terms, may result in the discontinuation of your medical diet and disciplinary fines if a rule violation occurs.
- Warning: Upon incident report notification, report findings, of noncompliance with your medical diet, you will be met with and counseled by clinical services.
- Failure to comply with the medical diet after you have been counseled by clinical services may result in the medical diet being discontinued, this will occur solely at the discretion of the healthcare provider.

5. Reinstatement of a medical diet following refusal, noncompliance, or discontinuation:

- You will need to submit a sick call request to discuss the potential for reinstatement of the medical diet.
- If referred to the health care provider for consideration, this will initiate a \$3.00 co-payment. The co-payment fee does guarantee that the medical diet will be reinstated.
- The health care provider will determine your eligibility for reinstatement of your medical diet, which may include the decision to reinstate for one time only.

I understand the above information provided to me regarding my medical diet:

\_\_\_\_ I accept the medical diet and will abide by the stated rules.

Offender Name (print): \_\_\_\_\_

DOC Number: \_\_\_\_\_

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Clinical Services employee or contract worker: \_\_\_\_\_

(Print)

Clinical Services employee or contract worker: \_\_\_\_\_

(Signature)

Date: \_\_\_\_\_

Distribution: Offender  
Scan original into offender's EHR

## REQUEST FOR RELIGIOUS DIET AND PARTICIPATION AGREEMENT

Offender Name: _____	DOC #: _____
Facility: _____	Housing Unit: _____
Date Of Request: _____	Offender Signature: _____
Faith Group Affiliation: _____	

\_\_\_\_\_ I have read DOC Policy 700-31, Medical and Religious Diets, and I understand the guidelines for participation in the Religious Diet Program. I agree to adhere to the chosen menu indicated above. I understand that if I fail to pick up **eight (8)** or more religious meals within a thirty (30) day period without proper notice, my religious meal plan may be terminated.

\_\_\_\_\_ *Please initial to confirm you are not currently on a medical diet.*

\_\_\_\_\_ *Please initial the Religious Diet you are requesting:*

Lacto-Vegetarian: no meat, poultry, fish, or eggs; only dairy.	
Muslim (Halal)	
Jewish (Kosher)	
Messianic Believer	

RETURNED TO OFFENDER BECAUSE:

\_\_\_\_\_ *Request does not match faith group affiliation recorded in COMs which is: \_\_\_\_\_*

\_\_\_\_\_ *No religious basis for request.*

\_\_\_\_\_ *Previous diet canceled or changed less than one year ago. Eligible to reapply: \_\_\_\_\_*

\_\_\_\_\_ *Form is not completed properly.*

\_\_\_\_\_ *Do not write below this line. Food Service Program Office use only.*

FOOD SERVICE MANAGER or DESIGNEE RECOMMENDATION:

Substitute Meal

Kosher

Lacto Vegetarian

Halal

Approved Diet Start Date: \_\_\_\_\_

**REQUEST FOR RELIGIOUS DIET AND PARTICIPATION AGREEMENT**

I, \_\_\_\_\_, at \_\_\_\_\_  
(Print Name and Number) (Name of Facility)

would like to participate in the **Religious Diet Program**. I understand that in order for me to be served a religious diet, special food may have to be procured for me and special preparation practices must be used; therefore, **I agree to abide by the following conditions:**

Initial each:

- \_\_\_\_\_ I understand that I may change my religion and corresponding religious diet no more than once every twelve (12) months.
- \_\_\_\_\_ I understand that if I voluntarily request that my religious diet be canceled, I must do so in writing and I must wait for a period of twelve (12) months before requesting that my diet be reinstated or requesting a new religious diet.
- \_\_\_\_\_ During meals I will eat and possess on my food tray only those food items served as a part of the Religious Diet Program.
  
- \_\_\_\_\_ I will follow all facility policies for dining in my facility.
- \_\_\_\_\_ I will not provide all or portions of my specially prepared meal to other offenders.
- \_\_\_\_\_ I will not collect religious food items (other than commissary items) in my cell/room.
- \_\_\_\_\_ I will not use or give out my specially prepared meal to make dangerous or intoxicating substances.
- \_\_\_\_\_ I understand that should I violate one (1) of the provisions in this agreement, I will receive one (1) written warning, but will be allowed to continue to participate in the Religious Diet Program.
- \_\_\_\_\_ I further understand that should I violate one (1) of the provisions in this agreement, a second time within a twelve (12) month period, I may be terminated from the Religious Diet Program for a period of twelve (12) months from the date of termination from the Religious Diet Program.
  
- \_\_\_\_\_ I understand that should I violate one of the provisions in this agreement, I may be subject to a disciplinary rule infraction and a fine for the cost of a diet tray.

By my signature below, I acknowledge that I have read and/or discussed with a DOC employee or contract worker the contents of this agreement. I further agree that if permitted to participate in the Religious Diet Program **I will abide by the conditions of participation set forth above in this agreement.**

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cultural Activities Coordinator (print): \_\_\_\_\_ Date: \_\_\_\_\_

CAC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: Offender and Cultural Activities Coordinator

### RELIGIOUS DIET NON-COMPLIANCE FORM

Offender Name:	DOC #:	Date Of Incident:
Facility:	Unit:	Time Of Incident:

I OBSERVED THE ABOVE-NAMED OFFENDER VIOLATING THE RELIGIOUS DIET PARTICIPATION AGREEMENT IN THE FOLLOWING MANNER: (Be specific: when, where, what food item(s), others involved, etc.)

Facility: \_\_\_\_\_

Reporter's Name: (Print) \_\_\_\_\_ Date of Report: \_\_\_\_\_

Reporter's Signature: \_\_\_\_\_

Cultural Activities Coordinator: \_\_\_\_\_

Food Service Reviewer Name: \_\_\_\_\_ Date Forwarded: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_

DOC Cultural Activities Coordinator:

\_\_\_\_\_ First Warning:

*Upon receipt of your first notice of non-compliance, you will be permitted to continue your participation in the religious diet program. If you receive a second notice of non-compliance within a twelve-month time frame, you may lose the privilege of receiving a religious diet for one year.*

\_\_\_\_\_ Religious Diet Termination:

*Due to your non-compliance with one or more provisions contained in your signed Religious Diet Participation Agreement, your religious diet will be terminated.*

Termination of diet is effective: \_\_\_\_\_

Food Service Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Distribution: Food Services

## RELIGIOUS DIET CANCELLATION REQUEST

I request that my religious diet be canceled immediately. I understand that I must wait for a period of one (1) year before requesting that my diet be reinstated or before requesting a new religious diet.

Facility: Unit: \_\_\_\_\_

Name (Print): \_\_\_\_\_ DOC Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request received by (CAC-print name): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: Food Service  
COMS Offender File  
Offender