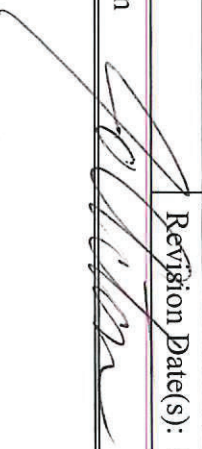




DEPARTMENT OF CORRECTIONS
MONTANA WOMEN'S PRISON
OPERATIONAL PROCEDURE

Procedure No.: MWP 4.3.2	Subject: MENU PLANNING
Reference: DOC Policy No. 4.3.2	Page 1 of 5 and 5 attachments
Effective Date: May 1, 1997	Revision Date(s): 05-22-2009, 07-13-2011
Signature/Title: /s/ Jo Acton / Warden	

I. PURPOSE:

To provide a means for offenders to request and receive authorization for a medical or religious diet accommodation. Diet accommodations will as closely as possible resemble meals provided other offenders. Diets will be accommodated to the extent possible within the prison; as the occasion, circumstances, and available resources dictate or permit.

II. DEFINITIONS:

Food Allergies: Adverse reactions to foods that are fought by the immune system and can be verified.

Food Preference: Foods that one personally prefers to consume.

Food Service Staff: Staff who plan menus, order food products, and prepare the food that offenders consume.

Special Diet: Specific foods and/or food preparation techniques that satisfy medical diet therapy or adherence to religious dietary laws.

Qualified Healthcare Professional: A person by virtue of their education, credentials, and experience can evaluate and care for patients. This includes a (Doctor of Dental Surgery, Doctor of Dental Medicine, Medical Doctor, Physician Assistant, or Family Nurse Practitioner)

Supplemental Snack: Foods that are prescribed by a qualified healthcare professional as medical therapy for a diagnosed medical or nutritional health problem.

III. PROCEDURES:

A. Medical Diets

1. Special diet authorization.

a. A qualified health care professional employed or under contract to the Montana Women's Prison will review and approve all medical diets requests prior to an accommodation by food service staff. The review will include any medical information from the offender; health care professionals or medical organization that provided the offender treatment that documents a serious reaction to a food allergen or a serious food allergy reaction that occurred while in custody.

- b. A qualified health care professional will order a medical diet only when a medical or dental condition prevents the inmate from eating any of the particular food items prepared for the general population.
 - 1) Food service meals for the general population allow the offender to take;
 - a) the entree offered or
 - b) receive an empty plate and eat through self-selection from the salad bar.
 - c. Medical diets will not be ordered to accommodate and offender's food preference or special request. Vegetarian diets are considered a preference diet.
 - 2. When a medical diet order is required a qualified health care professional will initiate the diet by completing the medical diet form (attachment A).
 - a. All medical diet orders may not exceed ninety (90) days without a medical review and a new order to continue the diet except in the case of a chronic diagnosis such as diabetes.
 - b. The medical diet will continue until ended by;
 - 1) the time period specified on the diet order has lapsed
 - 2) the ninety (90) days has lapsed without a new order
 - 3) it was reviewed and terminated by a qualified health care professional.
 - c. Medically ordered supplemental snacks will be handled in the same manner as a medical diet order.
 - d. Original medical diet forms will be kept in the offenders medical file and a copy will be given to the Food Service Director/designee and the offender.
 - 3. A qualified health care professional will review the Medical Diet Service Agreement (attachment B) with the inmate and ask them to accept or refuse the medical/nutritional therapy diet and the conditions. Both the offender and the health care professional will sign the agreement.
 - 4. Any medical diet will be served in the dining area where meals are normally served unless an offender resides in a secure housing unit.
 - 5. Qualified health care professionals will attempt to minimize unnecessary medical diet orders by educating offenders in proper self-care and nutrition.
 - 6. In all cases, the qualified health care professional will document the condition requiring a medical diet in the offender's medical records.
 - 7. Refusal of a medical diet;
 - a. A qualified health care professional will counsel the inmate regarding the importance and medical necessity of compliance with the diet.

b. When an offender refuses a recommended medical diet. They must do so in writing. The qualified medical health care professional will have them fill out and sign a treatment refusal form. If the offender refuses to sign the qualified health care professional will make an annotation that they refused to sign on the form.

c. The correctional officer supervising the tray delivery on a secure housing unit with satellite feeding will document in writing any refusal of the medical diet by the offender.

8. Food Allergy/Intolerance

a. If an offender enters the prison with a confirmed, documented food allergy a qualified health care professional will prescribe the appropriate diet based on the documented food allergy.

b. A qualified health professional will verify the allergy of any offender claiming food allergies before the medical diet is ordered.

c. A qualified health care professional will document the verification in the offender's medical record and prescribe the appropriate medical diet on a medical diet form, in the case of:

1) life-threatening allergies (e.g., severe reactions to tree nuts, peanuts, fish, shellfish, and in unusual circumstance, some beans);

2) multiple food allergies (e.g., milk and citrus);

3) an allergen that is a common ingredient in other foods (e.g., eggs).

d. Food services staff will prepare a medically appropriate diet modified for the diagnosed food allergen with foods of a similar or equivalent nutritional value.

e. The offender is responsible for:

1) provide needed information to help verify the stated food allergy;

2) employ self-selection to consistently avoid the allergens(s) for meals, snacks, and canteen/commissary;

3) accept and adhere to appropriate dietary instruction;

4) notify a qualified health care professional and /or the food service staff when a legitimate allergy concerns arise.

9. The offender agrees to comply with the conditions on the diet agreement.

10. Non-compliance of a special diet may be reported by staff (attachment F) a warning or removal from the special diet may occur for violations in the conditions of the diet agreement.

B. Religious Diets**1. Religious Diet Request**

- a. Offender may request a religious dietary accommodation (attachment C) based on:
 - 1) selected religious preference or faith group affiliation requiring a religious diet, religious preferences forms (attachment D) may be changed once in a year;
 - 2) avoidance of foods are not possible during standard meals creating a conflict with ones religious dietary laws;
 - 3) the Chaplain or designee may research any request made and consult with a qualified faith group representative in the community before making a decision;
 - 5) when an extraordinary accommodation is requested, the request will be forwarded through the Chaplain, Operations Manager to the Department Of Corrections Legal Division before the offender is provided a diet;
 - b. Any offender provided a religious diet accommodation must sign the religious diet participation agreement (attachment E), agreeing to a number of conditions. The offender and Chaplain or designee will sign the agreement. The original will be placed in the offender core record file and a copy will be kept by the Chaplain and one provided to the offender.
 - c. Offenders on the secure housing units may participate in the religious diet program.
 - d. Food service staff will keep the diet as simple as possible and it should conform closely to the foods served other offenders.
 - e. Dietary requirements of religious holy days, including fasting periods, will be taken into consideration, as far as practical considering the setting. The facility will make a reasonable effort to accommodate recognized religious holy days requiring special foods or serving times.
 - f. Some special food items may be available to offenders through the canteen/commissary.
 - g. With prior approval volunteers may bring in special religious food items for holy days.
 9. The offender agrees to comply with the conditions on the diet agreement.
 10. Non-compliance of a special diet may be reported by staff in writing a warning or removal from the special diet may occur for violations in the conditions of the diet agreement.
 11. Offenders may request that their special diet be cancelled. When a diet is cancelled either through removal or offender request must wait one year prior to requesting the current diet be reinstated.

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IV. CLOSING

Questions concerning this procedure shall be directed to the Operations Manager.

V. ATTACHMENTS

- Medical/Dental Therapy Diet Form (attachment A)
- Medical/Dental Nutritional Therapy Agreement (attachment B)
- Request for a Religious Diet (attachment C)
- Religious Preference Form (attachment D)
- Religious Diet Participation Agreement (attachment E)

Inmate Name: _____ DOC ID#: _____

Unit: -A Pod -B Pod -C Pod -D Pod -E Pod -F Pod -G Pod -H Pod

Meals In Cell - Unable to take meals in dining hall (regular* unless otherwise specified).

Modified Consistency Diets

- Dental Soft: Soft foods, ground meats (diets for teeth/gums are ordered by Dental)
- Pureed Diet: Blended foods
- Full Liquid: Hot cereals, pudding, custard, mashed potatoes, cream soups, milk, ice cream, broth, juice, and Jell-O® in any combination
- Clear Liquid: Broth, tea, juice and Jell-O®

Special Diet**

- Lower Sodium (for sever issues such as heart failure)
- Gluten Free (for Celiac Disease)
- Diabetic Considerations
- Allergen Free for: _____
(fish, tree nuts, peanuts, egg, mushrooms, pervasive hidden ingredients. Not to include intolerances)

Supplement(s)

- What: Diabetic High Protein / Kcal Pregnant _____ (Due Date)
- When: A.M. (after Breakfast) P.M. (after Lunch) H.S. (Hour of Sleep)

Dietary Consultation for: _____

Expiration Date: _____

Medical review required every 90 days per DOC policy 4.3.2.IV.C.1.c, "Menu Planning," except under chronic conditions.

* The regular MWP menu is analyzed by a Registered Dietitian to ensure that it satisfies the *Dietary Reference Intake* values for food energy (kilocalories), macronutrients (protein, fats, carbohydrate), fiber, cholesterol, and micronutrients (vitamins, minerals, electrolytes).

** When appropriate and necessary, MWP Food Service offers alternative foods that are lower in sodium, gluten free, more suited for diabetics, and or allergen free at meals. These therapeutic food options are normally available only for inmates who present an authorized special diet.

Preference based diets (e.g. vegetarianism) are not medically indicated and may not be ordered.

Medical Practitioner Signature: _____ Date: _____

White – Infirmary

Canary – Food Service

Pink – Inmate

MWP 4.3.2 Attachment A

**Montana Women's Prison
Service Agreement for
Medical/Dental Nutritional Therapy**

1. The Medical/Dental Diet:

- This is recommended as a part of your medical or dental/nutritional treatment plan
- At this time you have the right to refuse this treatment
- In the future you have a right to refuse your medical diet
- Refusals will be done on a treatment refusal form

2. Meal Service:

- Those on a secure housing unit will have their food delivered via the food cart and security staff
- Those on any other unit will report to the dining room with their pod, lining up in alphabetical order, announcing my name at the window and stepping off to one side so that the trays that are already prepared may be passed to those not on a special diet; once the special diet tray is passed the offender will move to the window taking the tray
- Offenders are responsible for checking the tray for mistakes and reporting any suspected errors to food service staff immediately

3. Non-Compliance of a Medical/Dental Diet is:

- Failure to pick up four (4) meals within a one (1) month period
- Observations by Staff that the diet is not being used properly; selling or giving away food items or taking items from other offenders, or taking items through self selection at the salad/beverage bar that are not part of the medical/dental therapy
- I will not purchase, possess or consume canteen/commissary that are contrary to the medical/dental therapy e.g., fats, sugars, carbohydrates, sodium, etc.

4. Discontinuance of the Medical/Dental Diet:

- Your medical record will contain at least one (1) note stating that you have been counseled regarding the need for your diet therapy
- Your failure to comply with the medical diet will result in diet discontinuance
- You can notify medical to cancel your medically prescribed diet
- If you take a regular diet tray instead of your therapy diet tray, order or receive canteen items contrary to your therapy diet, this may result in a cancellation of the diet

5. Reinstatement of a Medical/Dental Diet:

- You must make an appointment to see a qualified health care professional to discuss reinstating your medical/dental diet
- The qualified health care professional will make the decision whether to reinstate the medical/dental diet; this may include the decision to reinstate it for one (1) time only

_____ ^{initials} I understand the above information provided me regarding my therapy diet. I accept the diet and will abide by the stated rules.

_____ ^{initials} I decline the medical/dental diet. A treatment refusal form must be completed. I reserve the right to reconsider at a later date and will make an appointment with medical to see a qualified health care professional at that time.

Offender Name: _____ QHCP Name: _____

DOC Id#: _____ QHCP Signature: _____

Offender Signature: _____ Date: _____

Date: _____

**Montana Women's Prison
Request for a Religious Diet**

Offender Name: _____ DOC Id# _____ POD _____

Faith Group Affiliation: _____

Member of This Group Since: _____

Group Contact Person:
Name _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Prohibited Foods: _____

Religious Dietary Laws Requiring the Prohibition: _____

Documentation of Dietary Laws (outline specific source or attach copies): _____

For Office Use Only:

- Religious Diet Recommended
- Religious Diet Not Recommended: Request does not match faith group affiliation
- Religious Diet Not Recommended: No religious basis for request
- Other Diet Recommended:

Signature of Chaplain/Designee _____

Date _____

Signature of Operations Manager/Designee _____

Date _____

Approved Denied If denied reason(s): _____

If you are unsatisfied with this decision, you may utilize the grievance process to seek an administrative remedy.

