

## 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	Chollithan
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#### [. PURPOSE:

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

### 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

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

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

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

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

### III. PROCEDURES:

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

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

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- offender refuses to sign the qualified health care professional will make an annotation that they medical health care professional will have them fill out and sign a treatment refusal form. If the refused to sign on the form. b. When an offender refuses a recommended medical diet. They must do so in writing. The qualified
- will document in writing any refusal of the medical diet by the offender. c. The correctional officer supervising the tray delivery on a secure housing unit with satellite feeding

## 8. Food Allergy/Intolerance

- professional will prescribe the appropriate diet based on the documented food allergy. a. If an offender enters the prison with a confirmed, documented food allergy a qualified health care
- before the medical diet is ordered A qualified health professional will verify the allergy of any offender claiming food allergies
- and prescribe the appropriate medical diet on a medical diet form, in the case of: 0 A qualified health care professional will document the verification in the offender's medical record
- unusual circumstance, some beans); 1) life-threatening allergies (e.g., severe reactions to tree nuts, peanuts, fish, shellfish, and in
- 2) multiple food allergies (e.g., milk and citrus);
- an allergen that is a common ingredient in other foods (e.g., eggs).
- allergen with foods of a similar or equivalent nutritional value d. Food services staff will prepare a medically appropriate diet modified for the diagnosed food
- 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;
- accept and adhere to appropriate dietary instruction;
- allergy concerns arise. 4) notify a qualified health care professional and /or the food service staff when a legitimate
- 9. The offender agrees to comply with the conditions on the diet agreement
- from the special diet may occur for violations in the conditions of the diet agreement. 10. Non-compliance of a special diet may be reported by staff (attachment F) a warning or removal

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#### B. Religious Diets

### 1. Religious Diet Request

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

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#### IV. CLOSING

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

## V. ATTACHMENTS

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

MONTANA WOMEN'S PRISON - MEDICALLY INDICATED DIET ORDER
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
$\square$ Full Liquid: Hot cereals, pudding, custard, mashed potatoes, cream soups, milk, ice cream, broth, juice, and Jell-O $^{\otimes}$ 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:
I Dishatic I High Drotain / Kgal II Dreamant
When: A.M. (after Breakfast) P.M. (after Lunch) H.S. (Hour of Sleep)
☐ Dietary Consultation for:
Expiration Date:
* The regular MWP menu is analyzed by a Registered Dietitian to ensure that it satisfies the <i>Dietary Reference Intake</i> 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 <u>lower in sodium</u> , <u>gluten free</u> , <u>more suited for diabetics</u> , and or <u>allergen free</u> 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:  White – Infirmary  Canary – Food Service  Pink – Inmate  MWP 4.3.2 Attachment A

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

### 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

#### Meal Service:

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

# Non-Compliance of a Medical/Dental Diet is:

- Failure to pick up four (4) meals within a one (1) month period
- of the medical/dental therapy 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
- 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:

- need for your diet therapy Your medical record will contain at least one (1) note stating that you have been counseled regarding the
- 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

## Reinstatement of a Medical/Dental Diet:

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

Offender Name:	QHCP Name:
OOC Id#:	QHCP Signature:
Offender Signature:	Date:
Jate:	

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Attachment B

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

k an administrative remedy.	e the grievance process to see	If you are unsatisfied with this decision, you may utilize the grievance process to seek an administrative remedy.	If you are unsatisfied
	Date	Manager/Designee Denied If denied reason(s):	Signature of Operations Manager/Designee Approved Denied If de
	Date	Signature of Chaplain/Designee	Signature of
	for request	Religious Diet Not Recommended: No religious basis for request Other Diet Recommended:	Religious Diet Not Recom Other Diet Recommended:
	natch faith group affiliation	ided: Reques	Religious Diet Recommended Religious Diet Not Recommen
	For Office Use Only:		
		Documentation of Dietary Laws (outline specific source or attach copies):	Documentation of Dietar
		Religious Dietary Laws Requiring the Prohibition:	Religious Dietary Laws
			Prohibited Foods:
			Email Address
			Phone Number
			City, State, Zip
			Address
0			Group Contact Person: Name
		Since:	Member of This Group Since:
			Faith Group Affiliation:
POD		DOC Id#	Offender Name:

MWP 4.3.2 Attachment C

## Montana Women's Prison

# Statement of Religious Preference

understanding of the religious demographic residing at MT Women's Prison. By completing and submitting this information, the chaplain's office may be better able to address your specific religious and spiritual needs. The information provided also increases our

Offender Signature	Please contact the Chaplain's office for religious items, artifacts or spiritual materials. Items nust be added to the offender's property list to be maintained in the cell, other items will be tvailable only in the Chapel. If you have recently changed religious preferences you would be required to turn in/send out religious artifacts or spiritual materials from the old religious preference in order to receive items, artifacts or spiritual materials for the new religious preference.	To change your religious preference you must complete a new form.	☐ Yes ☐ No	In your behalf, may we pass your name on to local religious chosen affiliation (Pastor, Priest, Rector, Rabbi, Iman, etc.)?	No Religious Preference	(Examples: <b>Christian:</b> Baptist, Catholic, Episcopalian, Jehovah Witness, Latter Day Saints, Lutheran, Methodist, Seventh Day Adventist, etc. <b>Hinduism:</b> Sahaivism, Shaktism, Smartism Vaishavism, etc. <b>Jewish:</b> Conservative, Orthodox, Reformed, etc. <b>Muslim:</b> Shiite, Sunni, etc.)	Your major religious affiliation:	Offender Name:
Date	sitems, artifacts or spiritual materials. Items be maintained in the cell, other items will be y changed religious preferences you would be spiritual materials from the old religious spiritual materials for the new religious	omplete a new form.		In your behalf, may we pass your name on to local religious or spiritual leaders or groups of your chosen affiliation (Pastor, Priest, Rector, Rabbi, Iman, etc.)?		pecurcation:  palian, Jehovah Witness, Latter Day Saints,  palian, Jehovah Witness, Latter Day Saints,  c. <b>Hinduism:</b> Sahaivism, Shaktism, Smartism  ox, Reformed, etc. <b>Muslim:</b> Shiite, Sunni, etc.)	Christian, Buddhist, Christian, Hindu, Jewish,	DOC Id #:

Cc: Chaplain Property Original: Offender Records

# Montana Women's Prison Religious Diet Participation Agreement

by t	food	pari		.—
by the following conditions:	foods may have to be procured for me, and special preparation practices must be used. Therefor	participate in the Religious Diet Program. I understand that in order for me to be served a religious diet, special		
ing con	ave to b	the Re		
ditions:	e procu	ligious I	Prin	
	red for	Diet Pro	Printed Name	
	me, and	gram. I		
	specia	underst		G G
	l prepar	and tha		
	ation p	it in ord		
	actices	er for m		
	must b	e to be	DOC Id#	
	e used.	served		
	Therefo	a religio		WO
	Ø	ous die		ould like t
	, I agree to abide	t, speci		e to
	abide	<u>a</u>		

- 1. I understand that I may change my religion and corresponding religious diet no more often than once (1x) each
- 2. I understand that if I voluntarily request that my religious diet be cancelled, I must do so in writing and must wait a period of one (1) year before requesting that my diet be reinstated or requesting a new religious diet.
- announcing my name and stepping off to one side so that the trays that are already prepared may be passed to those not on a religious diet, once the religious diet tray is passed I 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 Program. I will report to the dining room with my pod unless on a secure housing unit, lining up in alphabetical order 3. During meals I will eat and possess on my diet tray only those food items served as part of the Religious Diet
- understand that my canteen/commissary purchases will be routinely monitored I will not purchase, possess, or consume any food items that are not permitted under my religious diet.
- 5. I will not eat or make food selections contrary to my religious diet
- I will not provide all or any portion of my meals to other offenders
- 7. I will be considered non-compliant if I fail to pick up four (4) meals within a one (1) month period
- Ω . I will not collect religious food items or unauthorized amounts of canteen/commissary items in my cell
- 9. I understand that should I violate one of the provisions above, I will receive one (1) written warning, but will be allowed to continue to participate in the Religious Diet Program. If I receive more than one written warning it may result in the suspension or cancellation of the diet for up to one year.

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

Date:	Date:Staff Signature:	Offender Signature: Staff Printed Name:
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