1.0 PURPOSE

To provide guidelines and standards for meal service and special diets that will be nutritionally adequate and modified when necessary to accommodate legitimate religious and special management requests/conditions.

2.0 SCOPE

This policy shall apply to all PSD correctional facilities.

3.0 REFERENCES, DEFINITIONS AND FORMS

.1 References

a. Department of Public Safety (PSD), Policies and Procedures (P&P), COR.09.01, Food Services Management.

b. PSD, P&P, COR.10.1F.02, Nutrition and Medical Diets.


d. Hawaii Revised Statutes (HRS), § 26-14.6, Department of Public Safety.

e. HRS § 353C-2, Director of Public Safety; Powers and Duties.

f. 28 CFR § 548.20, Dietary Practices.

g. American Heart Association (AHA), Diet and Lifestyle Recommendations (2020).


l. *LeMaire v. Maass*, 12 F.3d 1444 (9th Cir. 1993).

.2 Definitions

a. Commissary: A canteen or store within a correctional facility, from which inmates may purchase products that are not normally facility issued.

b. Food Service Officer (FSO): Under the general supervision of the head of the Correctional Program Services Division, develops, administers, and manages the Food Services Branch, a program of food services for all correctional facilities. FSO oversees the budgetary and operational needs of the Corrections Division's food service programs.

c. General Population Menu: A five (5) week menu that is repeated every five weeks. The General Population menu contains menus for the general inmate population and all approved special diets.

d. Inmate Management Diet (Alternative Meal): A diet prepared for inmates which is different from the norm to deal with emergencies, power outages, and other unanticipated events.

e. Institutional Food Service Manager (IFSM): A qualified staff member that supervises the correctional facilities food service operation in the Corrections Division.

f. Nutraloaf: A loaf made by blending a variety of foods from the regular meal and baking into a solid loaf to be fed to inmates. The loaf is made from fresh ingredients; mixed according to nutritionally balanced recipes, and exceeds the inmate's minimal daily requirements for calories, protein, and vitamins.

g. Religious Diet: A five (5) week menu that is repeated every five weeks, will be prepared for inmates to accommodate an inmate's sincerely held religious beliefs as recommended by the Chaplain/Designee.

h. Special Diet: Under this policy, special diets refer to religious diets and inmate management diets (Alternative Meals).

.3 Forms


NOT-CONFIDENTIAL
b. PSD 8512 - Religious Diet Participation Agreement form, 2018 (attached).

c. PSD 8513 - Religious Diet Cancellation Request form, 2015 (attached).


e. PSD 8515 - Authorization for Alternative Meal form, 2016 (attached).

f. PSD 8524 – Acknowledgement of Essene Diet, 2021 (attached).

4.0 POLICY

.1 All inmates shall be provided a diet that incorporates the principles expressed in the United States Department of Agriculture (USDA) ChooseMyPlate.gov, with the current recommended dietary allowances.

.2 It shall be the responsibility of the facility IFSM and the FSO to ensure that all diets prepared are nutritionally adequate.

.3 It shall be the responsibility of the Warden/Designee and the facility IFSM to ensure that the procedures in this policy are consistently and fairly applied and that records of inmate special diet requests are maintained.

.4 It shall be the responsibility of the facility IFSM to ensure general diet meals are properly prepared, approved special diet orders are carried out, and records of inmate compliance are maintained.

.5 In reference to PSD P&P COR.10.1F.02, Nutrition and Medical Diets, medical diets shall take precedence over special diets.

.6 A religious diet for inmates whose religious beliefs require the adherence to religious dietary laws shall be made available.

.7 The FSO will make a reasonable effort to accommodate inmate requests for religious diets; however, it is the FSO's foremost responsibility to ensure that not only religious diets are nutritiously sound for the inmates, but also not be a detriment to the safety and security of the facility.

.8 An inmate approved for a religious diet will not be served from the General Population menu unless that meal conforms to that inmate's religious diet.
Inmate management diets (alternative meals) shall require authorization by both the Warden/Designee and Health Care Services prior to being administered. These meals shall not exceed seven (7) days.

5.0 PROCEDURES

.1 Facility menus will be kept on file at each facility for a minimum of three (3) years. Food Service Office shall review the menus annually to ensure the menus meet USDA nutritional guidelines and AHA recommendations. These menus shall include medical, religious, and special diets.

.2 A registered or licensed dietician will review all menus for nutritional adequacy at least every 6 months and/or whenever a substantial change in menus is made. The review may take place through a documented on-site visit or by written consultation. Written documentation of menu reviews shall include the date, signature, and title of the consulting dietician.

.3 Menus for each facility shall be kept on file for a minimum of three (3) years to provide an audit trail for reviewing the quality of food service and defending against claims of inadequate food service. This retention shall include:

a. All menus for general food service, medical diets, and special diets in the facilities.

b. Logs or other documentation of diets served shall include:
   1. Names of inmates receiving special diets;
   2. Dates the special diets were provided; and
   3. Approvals for special diets.

.4 Meal service available to PSD staff and non-inmate guests, employees and/or visitors, paid or not, shall be the same as meals served to inmates. The portions served to PSD staff and non-inmate guests, employees and/or visitors, paid or not, shall be the same portions as served to inmates.

.5 Under exigent circumstances that may include but is not limited to loss of electrical power, malfunctioning kitchen equipment, institutional lockdown, non-delivery of food items, off-site work details and/or inmate misconduct, the IFSM may authorize a change in ordinary food services procedure and/or menu to

NOT-CONFIDENTIAL
accommodate the exigent circumstance. If the IFSM is not readily available, consultation may be made with the FSO.

.6 Mealtimes shall be determined by the Warden and/or IFSM for each facility. The time between meals should not exceed 14 hours. Generally, mealtimes shall be as follows:

a. Breakfast 0600 to 0800
b. Lunch 1030 to 1230
c. Dinner 1630 to 1830

.7 All meals shall be served and eaten in the dining hall unless circumstances require the inmate(s) to be served in their respective housing units.

.8 Religious Diets

a. In most instances, the general inmate diet program as provided through the General Population menu, which may include vegetarian meals or Alternative Vegetarian Non-Pork (AVNP), will be sufficient to meet religious dietary requirements.

b. There may be some religious dietary needs that can be supplemented by commissary purchases by inmates.

c. Inmates requesting a religious diet must submit a diet request using PSD 8511. All sections of the request must be completed in sufficient detail to ensure that the request is clear and complete.

d. Requests for a religious diet must be accompanied by PSD 8512, which has been signed by the inmate making the request, and his/her case manager. An inmate who requests an Essene Diet must also complete PSD 8524.

e. PSD 8511 and PSD 8512 shall then be submitted to the head of volunteer services for each facility. The request will then be forwarded to the Chaplain for review. After review by the Chaplain, the Chaplain will forward all approved requests to the FSO or designee for a final review and to provide an appropriate religious diet. If it is determined that the diet may require extraordinary accommodations, the Chaplain and FSO will jointly research the request, and consult faith group representatives in the community, if necessary, for assistance in designing an appropriate plan of action.

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f. Copies of the approved or disapproved request, along with PSD 8512, shall be distributed to the IFSM, classification and/or facility working files, and the inmate making the request. A list of the inmates and their religious diets will be kept by the IFSM in each facility, to ensure that each inmate receives the religious diet requested.

g. Upon transfer to another facility, inmates on religious diets shall show their copy of PSD 8511 to their facility social worker or case manager within forty-eight (48) hours of their transfer. The kitchen shall honor the religious diet until confirmed or deleted by the Chaplain, whichever is sooner.

h. All religious diets will be handled through the process described above. Religious diets may not be ordered by Health Services or any other PSD employee. This process shall also be followed by inmates who are in administrative segregation and would like to receive a religious diet.

i. Approved religious diets shall be prepared according to religious dietary requirements. The religious diet shall be kept as simple as possible and conform closely to the foods served to other inmates.

j. Inmates on religious diets may have their commissary list randomly reviewed to ensure adherence to the religious diet. Also, inmates on religious diets may not consume mainline meals, unless the mainline meal for that day conforms to the inmate's specific religious diet.

k. Incidents of non-compliance by an inmate, as outlined in PSD 8512 will be recorded on PSD 8514. A two-strike policy will be enforced. For the first incident of non-compliance with the rules of compliance in PSD 8512, a written warning will be issued to the inmate using PSD 8514. The second incident within a one-year time period from the first incident, will result in the cancellation of the diet for one year from the date of the second incident. Written documentation shall be maintained regarding non-compliance in support of diet cancellation. A copy shall be provided to VolinCor and Food Services Branch.

l. An inmate may request that his/her religious diet be canceled. Such requests shall be made through PSD 8513. The cancelation shall take place immediately upon approval of the request. A copy shall be provided to VolinCor and Food Services Branch.
m. Dietary requirements of religious holidays will be taken into consideration as far as practical through the general population menu. The facility shall make a reasonable effort to accommodate recognized religious holy days requiring special foods or serving times consistent with Religious Programs, Clergy, Faith Group Representatives and Practices, and direction from the Food Service Unit.

n. Food Service workers shall be trained in the proper handling and/or preparation of the religious meals.

.9 Inmate Management Diets

a. Under exigent circumstances, a cold sack lunch may be served until such time hot meal service may be resumed. This shall be at the discretion of the IFSM and/or FSO and the food items available at such time.

b. In terms of inmate misconduct, this may include but is not limited to instigation and/or participation in a food fight, throwing food or human waste, throwing food trays at staff/inmates, misuses food, refusal to return food trays and/or utensils, refusal to comply with dining hall rules, disrupting a meal period, or the feeding process itself in a manner that poses a threat of the safety, security, or good order of the facility, or to the inmate him/herself, other inmates, or staff.

c. As a result of inmate misconduct, at the discretion of the Warden, the inmate may be given a Nutrloaf or a cold sack lunch (Alternative Meal), in place of the regularly served meal, for up to seven (7) days.

1. Placement on an Alternative Meal may be implemented only if the inmate uses food or food related equipment in a manner that is hazardous to self, staff or other inmates, such as throwing food and/or food trays and utensils, not returning food tray and utensils, participating in a food fight, etc.

2. Approval must be obtained from the Warden/Designee and Health Care/Medical Unit using PSD 8515 prior to issuing an Alternative Meal.

3. If the Health Care/Medical Unit disapproves the Alternative Meal for the inmate due to medical reasons, the inmate shall receive his/her regular meal.

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d. Food shall not be withheld as a disciplinary measure.

APPROVAL RECOMMENDED:

[Signature]
Deputy Director for Corrections
August 12, 2021
Date

APPROVED:

[Signature]
Director
August 12, 2021
Date

NOT-CONFIDENTIAL
# REQUEST FOR RELIGIOUS DIET

**Department of Public Safety**

**Inmate Name:** __________________________  **Date of Request:** __________________________

**Inmate No.:** ____________________________  **Faith:** ____________________________

**Facility:** ____________________________  **Affiliation:** ____________________________

**Inmate Signature:** ____________________________  **Member of this Faith Since:** _______

<table>
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<tr>
<th>Foods Prohibited:</th>
<th>Dietary Laws Requiring the Prohibition:</th>
<th>Documentation of Dietary Laws (if needed):</th>
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_The Department of Public Safety offers an alternate meal program which is designed to meet most religious diet requirements. Requests for dietary accommodations outside of the alternate meal program must be clearly stated with the corresponding dietary laws outlined in this request._

**Chaplain’s Recommendation:**  

Religious Diet: Approved _____ Not Approved _____

_____ Request does not match faith group affiliation which is: __________________________

_____ No religious basis for this diet.

_____ Alternate meal

_____ Other diet recommended:

_____ Previous diet canceled less than one year ago. Eligible to reapply:  

**Signature of Chaplain:** ____________________________

**Date:** ____________________________

**Approved by:** ____________________________

**Food Service Officer:** ____________________________

**Date:** ____________________________

**PSD 8511 (12/2015)**
DEPARTMENT OF PUBLIC SAFETY
RELIGIOUS DIET PARTICIPATION AGREEMENT

I. ___________________________ at ___________________________
   (PRINT NAME AND ALPHA #) (NAME OF FACILITY)

Would like to participate in the Religious Diet Program. I understand that in order for me to be served religious diet special foods items may have to be procured for me and special preparation practices must be used. Therefore, I agree to abide by the following conditions:

A. I understand that I may apply to change my religious diet not earlier than six (6) months from the date of my last approved request.

B. 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 six (6) months, before requesting that my diet be reinstated or be allowed to request a new religious diet.

C. During meals I will eat and have on my food tray only those food items served as a part of the Religious Diet Program.

D. I will not purchase, possess or consume any food items that are not permitted under my religious diet. I understand that my Store purchases will be routinely monitored.

E. I will not eat foods from the general diet that are not served to me as part of my religious diet.

F. I will follow all facility policies for dining in my facility.

G. I will not provide all or portions of my specially prepared meal to other inmates.

H. I will not collect religious food items (other than Store purchased items) in my cell.

I. I understand that should I violate one of the provisions in paragraphs C, D, or E, I will receive one (1) written warning, but will be allowed to continue to participate in the Religious Diet Program.

J. I further understand that should I violate one of the provisions in paragraphs C, D, or E, a second time within a one (1) year period, I will be terminated from the Religious Diet Program for a period of one (1) year from the date of the second incident.

K. I understand that should I violate one of the provisions in paragraphs F, G, or H, I will be disciplined in accordance with the COR.13.03: Adjustment Procedures Governing Serious Misconduct Violations and the Adjustment of Minor Misconduct Violations.

L. I understand that a medical diet will supersede any religious diet request.

By my signature below, I acknowledge that I have read and/or discussed with a PSD 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.

INMATE SIGNATURE ________________________ DATE ________________
CASE MANAGER __________________________ DATE ________________

PSD 8512 (2/2018)
DEPARTMENT OF PUBLIC SAFETY
RELIGIOUS DIET CANCELLATION REQUEST

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

Inmate Name: ___________________________ Date: _______________

Inmate Signature: ________________________ SID#: ________________

Facility: ________________________________ Module: ___________________
DEPARTMENT OF PUBLIC SAFETY  
RELIGIOUS DIET NON-COMPLIANCE REPORT

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<tr>
<th>INMATE NAME:</th>
<th>SID#:</th>
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<th>FACILITY:</th>
<th>MODULE:</th>
<th>TIME OF INCIDENT:</th>
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I OBSERVED THE ABOVE-NAMED INMATE VIOLATING HIS/HER RELIGIOUS DIET PARTICIPATION AGREEMENT IN THE FOLLOWING MANNER:  
(Be specific: when, where, what food item(s), others involved, etc.)

| FACILITY:  
Reporters Name: (Print) | Date of Report: |
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<td>Reporters Signature:</td>
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<td>Warden’s Signature:</td>
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| PSD FOOD SERVICE OFFICE:  
Food Service Reviewer Name: | Date Forwarded: |
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| PSD FOOD SERVICE/FACILITY ADMINISTRATION:  
_____ 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 one year 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:  
Facility Administrator Signature:  
Date:  

Acknowledgement of the Religious Diet Non-Compliance Report:  
Inmate Signature:  Date:  

PSD 8514 (12/2015)
AUTHORIZATION FOR ALTERNATIVE MEAL

Date: ____________________________

TO:   ALL SEGREGATION STAFF

AN ALTERNATIVE MEAL IS REQUESTED FOR INMATE

_________________________________________  //  __________
Name                                                   SID

For a bagged meal containing one (1) Nutraloaf, three (3) times per day, for a period of

__________________ days, beginning ________________ and ending ________________,
Month/Day/Year   Month/Day/Year

For a period not to exceed seven (7) days.

Specific reason(s) for this request are as follows:  (Describe the need to begin or continue alternative meal.)

__________________________________________
__________________________________________
__________________________________________
__________________________________________

__________________________________________  ________
Approved                                   Not Approved         Warden/Designee    Date

__________________________________________  ________
Approved                                   Not Approved         Health Services    Date

PSD 8515 (01/2016)