

 <p>CD-101400</p>	<p align="center">NEW MEXICO CORRECTIONS DEPARTMENT</p> <p align="center"><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	<p>ISSUE DATE: 12/ 26/07</p> <p>EFFECTIVE DATE: 12/26/07</p>	<p>REVIEWED: 12/08/16</p> <p>REVISED: 12/08/16</p>
	<p>TITLE: Religious Diets</p>	

AUTHORITY:

Policy *CD-010100*

REFERENCE:

- A. Standard 2-CO-4C-01 and 2-CO-5E-01, *Standards for the Administration of Correctional Agencies*, 2nd Edition.
- B. Standard 4-4319, *Standards for Adult Correctional Institutions*, 4th Edition

PURPOSE:

To establish and outline procedures for requesting, verifying, approving, and preparing nutritionally sound religious diet meals.

APPLICABILITY:

All inmates under the supervision of the New Mexico Corrections Department and all food service staff, employees and contract.

FORMS:

- A. **Request for Religious Diet** form (*CD-101401.1*)
- B. **Religious Diet Participation Agreement** form (*CD-101401.2*)
- C. **Religious Diet Non-Compliance Report** form (*CD-101401.3*)
- D. **Religious Diet Cancellation Request** form (*CD-101401.4*)

ATTACHMENTS:

None

DEFINITIONS:

- A. *Certified Religious Diet*: Specific foods, or food preparation techniques, that satisfy recognized religious dietary requirements.
- B. *Facility Volunteer Coordinator*: A full-time, qualified NMCD employee, usually the Chaplain designated by the administrative head, responsible for the organizing, monitoring, and managing of the facility's Faith and Citizen delivery system.

- C. Food Service Administrator: The Central Office NMCD employee responsible for general supervision and policy development for the Corrections Department's Food Service Program.
- D. Master Menu: A cyclic menu used by all NMCD facilities. The master menu is planned by a menu committee and is analyzed and approved for nutritional adequacy by the registered dietitian.
- E. Qualified Faith Group Representative: An individual approved by the Facility Chaplain as having the necessary knowledge and recognized status in a specific faith group to provide expertise relevant to faith group practices, dietary requirements, and that faith group's programs.
- G. Religious Diet: Specific foods, or food preparation techniques, that satisfy recognized religious dietary requirements.

POLICY:

- A. Special diets for inmates whose religious beliefs require the adherence to religious dietary laws shall be made available within the inherent limitation of resources, and the need for facility security, safety, health and order, through standard menu alternatives, canteen selections and Religious Programs. [2-CO-4C-01] [4-4319] [2-CO-5E-01]
- B. It is the responsibility of the warden/designee to ensure the procedures in this policy are consistently and fairly applied and that records of inmate religious diet requests and compliance are maintained.
- C. It is the responsibility of the Food Service Manager to ensure the master menu program meets the basic dietary needs of the inmate population and that any special religious diets prepared are nutritionally adequate.
- D. It is the responsibility of the facility Food Service supervisor to ensure general diet meals are properly prepared, valid religious diet orders are carried out, and records of inmate compliance are kept.



David Jablonski, Acting Secretary of Corrections
New Mexico Corrections Department

12/08/16
Date

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AUTHORITY:

Policy CD-101400

PROCEDURES: [2-CO-4C-01] [2-CO-5E-01]

A. General Diet

1. In most instances, the general inmate diet program as provided through the master menu will be sufficient to meet religious dietary requirements. Alternate meals must be prepared and provided in accordance with the following guidelines:
 - a. The master menu must be posted at all times with those items containing pork or pork by-products clearly designated.
 - b. Some special religious food items may be made available to inmates through the canteen program.
 - c. Volunteers may bring special religious food items into facilities for holy days in strict accordance with Policy *CD-101300 Religious Programs*, , and written approval of request by Warden/Designee.

B. Request for Religious Diets

1. Inmates desiring a religious diet must submit a diet request using the **Request for Religious Diet** form (*CD-101401.1*). All sections of the request form must be completed in sufficient detail to ensure the request is clear and complete.
2. Requests for a religious diet must be accompanied by a **Religious Diet Participation Agreement** form (*CD-101401.2*) that has been signed by the inmate making the request and his/her case manager. Inmates currently approved for a religious diet may be required to re-sign the participation agreement to correspond to updates to this policy.
3. The **Request for Religious Diet** form (*CD-101401.1*) and the **Religious Diet Participation Agreement** form (*CD-101401.2*) will be submitted by the inmate to the facility correctional unit manager, or designee, who will forward the request to the Facility Chaplain. The Facility Chaplain will forward requests to the New Mexico Corrections Department Faith Based Coordinator. Upon approval by the

Director of Adult Prisons, the request will be returned to the Facility Chaplain, to coordinate with the Food Service administrator or designee to review the request and provide an appropriate religious diet.

4. If a determination is made that extraordinary accommodations may be necessary, the request will be forwarded for review by the Chaplain and the Food Service provider, who will jointly research the request and consult qualified faith group representatives in the community, as necessary, for assistance in designing an appropriate plan of action. The plan of action will then be sent to the Director of Adult Prisons for approval.
5. Copies of the approved or disapproved request, and the **Religious Diet Participation Agreement** form (*CD-101401.2*), if applicable, will be distributed to the Food Service provider, Classification and working files, and the inmate making the request.
6. Upon an inmate's transfer to another facility, the religious diet will be continued. It is the inmate's responsibility to notify the Food Service Department that they were receiving a religious diet at a previous facility.
7. All religious diets must be handled through the process stated above. Religious diets may not be ordered by Clinical Services or NMCD employees.

C. Administrative Segregation

1. If an inmate has a religious need but does not currently have an approved religious diet, the inmate must submit a **Request for Religious Diet** form (*CD-101401.1*) in accordance with this policy.
2. It is the inmates' responsibility to submit a **Request for Religious Diet** form (*CD-101401.1*).

D. Religious Diet Preparation

1. Any religious diets requiring deviation from the general diet menus must be analyzed for nutritional values by a NMCD therapeutic registered dietitian.
2. Approved religious diets shall be prepared according to religious dietary requirements. The diet should be kept as simple as possible, and should conform closely to the foods served to other inmates.

E. Diet Compliance, Review and Removal from a Religious Diet

1. Incidents of non-compliance by an inmate, as outlined in the **Religious Diet Participation Agreement** form (*CD-101401.2*) will be recorded on a **Religious Diet Non-Compliance Report** form (*CD-101401.3*). A two-strike policy will be

enforced. For the first incident of non-compliance with the aforementioned rules of compliance, a warning will be given to the participant using Non-Compliance form. The second offense within a one year time period will result in cancellation of the diet for one year from the date of the second offense.

2. Written documentation shall be maintained regarding non-compliance to support **diet cancellations**. Copies of non-compliance documentation will be sent to the **NMCD Faith Based Coordinator**.

F. **Voluntary Diet Cancellation**

1. An inmate may request that their religious diet be cancelled. Such requests should be in writing utilizing the **Religious Diet Cancellation Request** form (CD-101401.4) or other written and signed correspondence, and will be effective immediately.
2. An inmate who voluntarily requests that their religious diet be canceled must wait for a period of one year 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.

G. **Holy Days**

1. The dietary requirements of religious holy days will be taken into consideration as far as practical through the master 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 provider. [2-CO-5E-01]
2. Some special religious food items may be made available to inmates through the canteen program.
3. Volunteers may bring special religious food items into facilities for holy days in strict accordance with CD-101300, Religious Programs, Services, Clergy, Faith Group Representatives and Practices, and Authorization to Provide Food Items for Inmates.



David Jablonski, Acting Secretary of Corrections
New Mexico Corrections Department

12/08/16
Date

**New Mexico Corrections Department
 REQUEST FOR RELIGIOUS DIET**

INMATE NAME: _____ INMATE NO: _____ FACILITY: _____ HOUSING UNIT: _____ DATE OF REQUEST: _____ INMATE SIGNATURE: _____	FAITH GROUP AFFILIATION: _____ MEMBER OF THIS GROUP SINCE: - _____ GROUP CONTACT PERSON: Name: _____ Address: _____ City, State, Zip: _____ Phone Number: _____
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<i>Foods Prohibited:</i>	<i>Dietary Laws Requiring the Prohibition:</i>	<i>Documentation of Dietary Laws: (Outline specific source or attach copies.)</i>

The New Mexico Corrections Department offers an alternate meal program which has been 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: Approved: _____ Not Approved: _____ FAITH BASED COORDINATOR'S RECOMMENDATION: Approved: _____ Not Approved: _____ DIRECTOR OF ADULT PRISONS' RECOMMENDATION: Approved: _____ Not Approved: _____ (if not approved, indicate reason)	_____ <i>Request does not match faith group affiliation recorded in CMIS which is: _____</i> _____ <i>No religious basis for request.</i> _____ <i>Alternate meal.</i> _____ <i>Other diet recommended:</i> _____ _____ <i>Previous diet cancelled less than one year ago.</i> Eligible to reapply: _____
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- DISTRIBUTION:
- FOOD SERVICE
 - CLASSIFICATION FILE
 - CHAPLAIN
 - NMCD FAITH BASED COORDINATOR
 - DIRECTOR OF ADULT PRISONS

**NEW MEXICO CORRECTIONS DEPARTMENT
RELIGIOUS DIET 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 foods 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 change my religion and corresponding religious diet not more than once each year.
- 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 one year before requesting that my diet be reinstated or be allowed to request a new religious diet.
- C. During meals I will eat and possess 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 Canteen 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 Canteen 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 year time 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 prosecuted for violation of the Code of Penal Discipline.
- L. I understand that a medical diet will supersede any religious request.

By my signature below, I acknowledge that I have read and/or discussed with a NMCD 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: _____

DISTRIBUTION: FOOD SERVICE
CLASSIFICATION FILE

NEW MEXICO CORRECTIONS DEPARTMENT RELIGIOUS DIET NON-COMPLIANCE REPORT

INMATE NAME:	NMCD #:	DATE OF INCIDENT:
FACILITY:	UNIT:	TIME OF INCIDENT:

I OBSERVED THE ABOVE NAMED INMATE VIOLATING THEIR 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: _____
WARDEN'S SIGNATURE: _____

NMCD CENTRAL OFFICE/FOOD SERVICE OFFICE:
FOOD SERVICE REVIEWER NAME: _____ **DATE FORWARDED:** _____
REVIEWER'S SIGNATURE: _____

NMCD CENTRAL OFFICE/OPERATIONS:

_____ **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: _____

Director of Prison Operations Signature: _____

Date: _____

DISTRIBUTION:
FOOD SERVICE
CLASSIFICATION FILE
CHAPLAIN
NMCD FAITH BASED COORDINATOR

**NEW MEXICO CORRECTIONS DEPARTMENT
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.

SIGNATURE: _____ DATE: _____

NAME (print): _____ NUMBER: _____

FACILITY: _____ UNIT: _____

DISTRIBUTION:

FOOD SERVICE SUPERVISOR
CLASSIFICATION FILE
CHAPLAIN