

 <p style="text-align: center;"><b>KENTUCKY CORRECTIONS</b> Policies and Procedures</p>	Policy Number	Total Pages
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Authority/References KRS 196.035, 197.020 ACA 5-ACI-5C-07, 5-ACI-5C-08, 2CO-4C-01	Subject  <b>ALTERNATIVE DIETARY PATTERNS</b>	

## I. DEFINITIONS

“Allergy diet” means a diet that would exclude or substitute a particular food item that an individual may be allergic to or that is medically restricted.

“Alternative diet” means a diet that includes modifications or substitutes for food items that may be high in fat or sugar and not acceptable on a dietary restricted diet, like a diabetic diet, low fat diet, or low cholesterol restrictions.

“Modified meal” means a meal that includes changes in form, shape or consistency but not overall nutritional value that may be served without utensils such as finger foods or sandwiches.

“Religious diet” means specific foods and food preparation techniques that satisfy religious dietary requirements.

## II. POLICY and PROCEDURES

The alternative diet meals shall be noted on the Master Menu and offered during regular meal times to an inmate that may be recommended to follow a medically restricted diet. The Warden, Dietitian, food service and medical staff, and chaplain shall ensure compliance with policy and procedure requirements.

### A. Alternative Diet Program

1. The Master Menu shall list all menu items including regular items as well as alternative choices for an inmate to choose. An institution shall make all choices, Master Menu, and Alternative Menu items available to an inmate. It shall be the inmate’s decision to choose from the choices available. The Alternative Diet Program shall be designed to meet the needs of the diabetic patient as well as those requiring a low fat or low cholesterol diet. A primary care provider wishing to put an inmate on a medical diet shall

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choose a diet from the approved diet manual and complete the medical diet order form from the diet manual. Any diet request outside of the approved diet manual shall be sent to the state dietitian for review and approval.

2. An inmate shall be made aware of the alternatives on the menu, as well as how an individual institution administers the alternative diet program. Alternatives shall be listed on the menu or posted in the dining room and an inmate shall be free to choose which entrée or alternative product.

B. Allergy Diet

An inmate allergic to certain food items shall have that item eliminated from his diet if he has written medical proof in his medical records. If an inmate states he is allergic to a certain food item and there is no written proof to verify this allergy, the inmate shall schedule an appointment with medical to request an allergy test. If the test is positive, that food item shall be eliminated from his diet and so indicated in his medical records. This shall be done through the Alternative Diet Program in the dining room. An inmate in a special management unit shall have his diet modified as necessary by the food service manager.

C. Religious Diet

1. The department shall, to the extent feasible and within appropriate institutional resources, provide each inmate with the opportunity to satisfy the minimum dietary requirements deemed essential by the Religion Reference Manual for his religion. Inmates for whom the alternative diet meal does not satisfy religious requirements may request a religious diet meal as prescribed by their religion. This request shall be made in writing to the Institutional Chaplain who shall review and research the request.

2. Voluntary Diet Cancellation

An inmate may request that his religious diet be cancelled. The request shall be made in writing and shall be effective immediately.

D. Special Medical Dietary Restriction

1. Special restrictions like dental diet, test diet, or temporary medical diet shall be allowed at each institution if:
  - a. A dentist prescribes a dental diet for a period of no more than fourteen (14) days with an additional renewal period of fourteen (14) days if required. These diets shall be limited to liquid, pureed, or

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mechanical soft. This prescription shall be taken to the contract food service manager; or

- b. The institutional primary care provider prescribes a medical dietary restriction for a period of no more than thirty (30) days and it is needed because the Alternative Diet Program does not meet the needs of a documented medical condition. For example, a test diet that requires a liquid meal or severe dietary restrictions. This diet shall be reviewed after thirty (30) days with a consult to the Department Dietitian for continuance.

- 2. The inmate shall sign for these special diets before each meal and a record of his compliance shall be documented in his medical record. Non-compliance shall be documented and the inmate counseled. Continuance of non-compliance shall mean removal from the written diet.

E. Restrictive Housing Unit or Special Management Unit

An inmate placed in a restrictive housing unit or special management unit shall be allowed to participate in the Alternative Diet Program or the regular Master Menu. The inmate shall indicate his choice upon admission to the unit and shall continue with that choice during his entire stay in the unit. The inmate shall not be allowed to change his decision during that stay. Any documented allergic restrictions shall be continued during the stay in the special management unit.

F. Extended Restrictive Housing Unit

An inmate that meets the criteria of being on extended restrictive housing status may choose to update his religious diet choice once, every six (6) months, that correlates with his religious preference.

G. Modified Meal Service

All inmates may have the same food or food as nutritionally adequate as the general population menu. If an inmate uses food or food service equipment in a manner that is hazardous to himself, staff, or another inmate, a modified meal service shall be provided on an individual basis. This meal shall be based on health or safety considerations, meet basic nutritional requirements, and require the written approval of the Warden or institutional health authority be obtained. The meal shall not exceed seven (7) days unless it is further documented that the inmate continues with hazardous behavior. At this time, with the proper documentation the modified meals may be initiated again.

**KENTUCKY DEPARTMENT OF CORRECTIONS**

**PARTICIPATION AGREEMENT: ALTERNATIVE DIET PROGRAM**

The Kentucky Corrections Food Services Departments offer an Alternative menu. An inmate wishing to participate in the Alternative diet program shall sign up for participation. If you choose the alternative diet program, it shall be served for your entire stay in segregation. To help you make your decision, a summary of the program is included. If you do not sign up for this menu choice, you shall be sent the regular master menu tray.

**Alternative:**

**Choices: Limited or no eggs shall be served for Breakfast, instead egg substitutes shall be served, as well as Diet Syrup, Diet Jelly, or Sugar Substitute. No breakfast gravies or margarine shall be served.**

**For lunch and dinner, a vegetarian or low fat alternative protein entrée instead of the regular entrée will be served, as well as fresh fruit or canned fruit packed in its own juice for the dessert item. There shall be no cake, puddings, or cookies served with the alternative program.**

I, \_\_\_\_\_, by my signature below acknowledge that I WISH TO  
Print Inmate Name and Number  
PARTICIPATE in the Alternative Diet Program. I understand that by joining the program I shall be served the alternative choices three (3) times a day each day and that I shall not be allowed to change my decision through my entire stay.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Inmate Number

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date