


HOWARD COUNTY DEPARTMENT OF CORRECTIONS
POLICY & PROCEDURE

	SUBJECT:	Food Services
	P & P #:	G-601
	TITLE:	Menu Planning and Meal Services
	EFFECTIVE DATE:	April 20, 2020
	REVIEWED BY:	<i>Andrea King Wessels</i> Andrea King-Wessels, Deputy Director
	AUTHORITY:	<i>Jack Kavanagh</i> Jack Kavanagh, Director

POLICY: A good food service program is essential to promote a positive atmosphere and to ensure the health of inmates/detainees. It is the policy of the Department to provide all inmates/detainees with three (3) nutritionally adequate and attractive meals each day that are of reasonable cost to the county and prepared and served under sanitary conditions. The Department utilizes pork-free food for inmates/detainees and uses a common fare, vegetarian or kosher diet available generally to meet the religious needs of inmates. Other special meals and meal schedules are made available to meet religious requirements and holidays as well.

REFERENCES: Hazard Analysis Critical Control Point Plan (HACCP): – Maryland COMAR Title 10 Department of Health and Mental Hygiene Subtitle 15 Food. Maryland Commission on Correctional Standards (MCCS), Adult Detention Center standards, .03 A and B. and Performance Based National Detention Standard 4.1.

DEFINITIONS: “Common Fare” refers to a no-flesh protein option provided whenever an entrée containing flesh is offered as part of a meal. Likewise, a “Common Fare” meal offers vegetables, starches and other foods that are not seasoned with flesh. This diet is designed as the foundation from which modifications can be made to accommodate the religious diets of various faiths. This menu has also been known as the Vegetarian. **Kosher diets are purchased pre-packaged.**

PROCEDURES:

I. Menus

Food Service Contractor staff shall follow approved menus. All menus must be approved by the Director and reviewed and approved on an annual basis by a licensed dietician. Any changes in the approved menus must be approved by the Director. Inmate/detainee meals are to be prepared as follows:

- A. All meals shall be prepared with the goal of making these meals conform to the highest standards for flavor, texture, temperature, appearance and palatability.
- B. All meals shall be served under only the amount of regimentation required to maintain security.

- C. Food shall never be withheld as a form of punishment or offered as a reward to inmates/detainees.
- D. Inmates/detainees housed on segregation units shall receive the same meal as those in general population. Housing unit officer(s) shall document segregation meals in the SallyPort/JMS activity jail log drop down list. A comment shall be entered on inmates/detainees who choose not to eat. This must be done for all inmates/detainees on segregation.

II. Safety Meals on Suicide Watch

- A. The inmate/detainee may be given safety meals such as sandwiches that do not require a utensil. The meals shall be given to the inmate using paper plates, cups, bowls and/or towels. If an acceptable “paper utensil” is available, the inmate may be served a regular meal. Paper cups shall be used when possible. The officer shall ensure that all trash is removed from the cell. **Food Service Contractor staff** shall document the safety meal issued to each inmate/detainee on suicide watch.
- B. When required, **Food Service Contractor staff** shall cut whole items (such as meats) into bite-size portions, as the approved paper utensil that cannot cut or break apart items. No meat with bones is allowed while on suicide watch.
- C. The Director/designee only may authorize use of standard utensils.

Examples of Safety Meal, food items below:

Breakfast items:

- Pancakes, French toast, sausages and/or turkey bacon. Hard cooked eggs are to be peeled and sliced.

Lunch items:

- Sandwiches such as: deli meats, grill cheese, tuna salad, peanut butter/jelly shall be cut into bite size pieces.
- All hot dogs are to be sliced long way and placed into a hotdog roll and cut in bite size pieces.

Dinner items:

- All meats and fish shall be removed from the bone and cut into bite size pieces.

III. Special Diets

- A. Special medical diets shall be authorized as directed by the qualified healthcare provider. When special medical diets are required, the medical provider shall provide documentation to the dietary department for their assistance. The **Dietary Contract Monitor** shall enter the information located on the SallyPort/JMS computer system as directed. Medical diets are approved by a licensed dietician.

- B. A Common Fare menu, otherwise known as the Vegetarian, is available for those inmates/detainees who, for whatever reason, do not eat meat or flesh. The diet provides protein through meat substitutes, i.e. beans, cheese, eggs, nuts, soy, and cottage cheese.
1. Inmates/detainees must contact a counselor and complete an Inmate/Detainee Request for Common Fare Vegetarian or Kosher Diet HCDC Form G-601a attached as Appendix 1. If the medical department determines that the inmate/detainee needs to be on a medical diet, then that department shall confer with the dietary supervisor and **Dietary Contract Monitor**.
 2. Once approved for the Common Fare Vegetarian or Kosher Diet, an inmate/detainee must remain on the diet for a minimum of sixty (60) days before being approved for removal. The counselor shall ensure the time frames are met.

C. Religious Meal Observances.

1. Beyond the general requirement for pork free menu items, the Detention Center does provide meal service and menu items that conform to religious needs.
2. Special religious diet items may be made available as required.
3. Meal service may be adjusted to accommodate religious fasting requirements.
4. A yearly schedule of Religious meal observances shall be developed by the **Dietary Contract Monitor** and made available for planning purposes.

IV. Employee Meal Provisions, Staff Dining Room and Restrictions

- A. The **Dietary Contract Monitor** shall be entitled to one (1) meal per shift worked. Employees who work overtime exceeding four (4) hours shall be allowed a second meal.
- B. All persons utilizing the Staff Dining Room are entitled to the item(s) provided on the serving carts ONLY. There will be no special meals requested or provided unless approved by the Director. Additionally, special staff celebrations (such as “pot lucks”) shall be approved by the Director.
- C. **Corrections staff** shall report to the kitchen only on necessary business and shall not congregate, frequent and/or socialize in the kitchen.
- D. Inmates who are NOT assigned to work in the kitchen shall NOT be allowed in the kitchen, except under escort for specific assignment. Inmate Hallway Sanitation workers shall not come into the kitchen.

V. Accountability for Meals

This information shall be used in the planning and ordering for menu and meal items.

VI Monthly Dietary Audit Report

- A. The Monthly Dietary Audit Report, HCDC Form G-601b attached as Appendix 2 shall be completed and submitted by the **Dietary Contract Monitor** to the Deputy Director by the 10th of each month.
- B. Once the Monthly Dietary Audit Report has been reviewed by the Deputy Director, it shall be forwarded to the Audit office.

VII. Directors Prerogative

The Director has the authority to revise/change a policy or post order as needed to meet the operational demands of the Department. As the changes are initiated, they may be communicated by an email, memoranda or in rare circumstances verbal due to unforeseen situations.

ATTACHMENTS: Appendix 1, HCDC Form G-601a Common Fare or Vegetarian / Kosher Diet.

Appendix 2, HCDC Form G-601b Monthly Dietary Audit Report.

RESCISSIONS: HCDC Policy G-601 Menu Planning and Meal Services effective **November 1, 2018, January 4, 2017, January 19, 2016.**

Howard County Department of Corrections

Inmate/Detainee Request for Vegetarian or Kosher Diet

Inmate/Detainee Name: _____ ID #: _____ Unit: _____

I am requesting a Vegetarian Diet, which is a meat free diet that provides protein through meat substitutes (i.e. beans; cheese; eggs; peanut butter; soy and cottage cheese). I understand that once I am placed on a special diet, I must remain on this diet for a minimum of 60 days before requesting removal. The medical department may disapprove if there is a conflict with a medical diet.

Note: For a Kosher Diet, this must be verified through the Chaplain. Please note this can take approximately seven (7) days to be placed in effect.

Inmate/Detainee Signature

Date

Chaplain/Counselor Recommendation: _____

Counselor Signature

Date

Chaplain Signature

Date

Distribution: Original: Dietary Department

Howard County Department of Corrections Monthly Dietary Audit Report

Reporting Month/Year: _____

Meals

1. Number of meals changed from the published menu: _____.
 2. Total number of meals served for the month: _____.
- a. Date(s) of each change listed below and note as breakfast, lunch or dinner.

Date	Meal (B, L, D)	Entrée Menu Item Change	Meal Schedule Change	Reason

Meal Quality

1. Staff dining room issues: _____
2. Positive response received: _____
3. Negative response received: _____

Inspections

1. Date of last Department Health and Mental Hygiene (DHMH) kitchen inspection (see below):

2. Weekly inspections by the Dietary Supervisor. Document all problems with sanitation and maintenance as well as **corrective** actions taken below. Also, document any uncorrected problems and why.
3. Other inspections (note as above).

Date	Items to be corrected as noted by DHMH or through weekly inspections.	Corrective Action Taken	Maint. Repairs Submitted	Status/Comments

Staffing

1. Total overtime hours used by the Dietary Staff for last 2 payrolls: _____.
2. Bi-weekly (once per pay period) on a Tuesday, a documented Uniform/Appearance inspection is required.

Date of Inspection	Problems Noted	Corrective Action Taken	Follow-up

Total sick leave hours used by the Dietary Staff.

Sick Leave Usage Within a 12-month period			
Staff	Dates	# Occurrences	# Hours
Total Hours Used by Dietary Staff:			

Monthly Training: Must review a minimum of three (3) applicable policies per month.

CDO Staffing

Total number of hours CDO's worked on shift post for this month _____.

Status report on:

- Composting Recycling

Total number of special (after hour) cleaning details performed:

Date	Cleaning Details Performed	Hours

OPS Stat notations received:

- Deficiency Exemplary

Additional comments/special meals and events: _____

