Massachusetts Department of Correction **STANDARD OPERATING PROCEDURE**		Effective Date 6/26/2026 Annual Review Date 9/17/2026	Responsible Division Deputy Commissioner, Clinical Services and Reentry
Policy Name **STANDARD OPERATING PROCEDURE (SOP) TO 103 CMR 471, RELIGIOUS PROGRAMS AND SERVICES**		Regulations Reference: Click here to enter text. DOC Policy Reference: 103 CMR 405; 103 CMR 430; 103 CMR 471; 103 DOC 501 ACA/PREA Standards: 5-ACI-7F-01; 5-ACI-7F-02; 5-ACI-7F-03; 5-ACI-7F-06; 5-ACI-7F-08; 5-ACI-5C-07	
Attachments Yes ☒ No ☐	Library Yes ☒ No ☐	Applicability: Staff	
Public Access Yes ☒ No ☐		Location: Department Central Policy File Each Institution's Policy File	

PURPOSE:
The standard operating procedure (SOP) to 103 CMR 471, *Religious Programs and Services* is to establish Departmental guidelines regarding religious programs and services in the institutions of the Department of Correction. 103 CMR 471 is not intended to confer any procedural or substantive rights or any private cause of action not otherwise granted by state or federal law.

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:
Deputy Commissioner, Clinical Services and Reentry
Assistant Deputy Commissioner, Reentry
Director of Program Services and Reentry
Superintendents

CANCELLATION:
103 CMR 471 cancels all previous Departmental and institutional policy statements, bulletins, directives, orders, notices, rules or regulations regarding religious programs and services.

SEVERABILITY CLAUSE:
If any article, section, subsection, sentence, clause, or phrase of 103 CMR 471 is, for a reason, held to be unconstitutional, contrary to statute, in excess of the authority of the Commissioner, or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause, or phrase of this policy.

TABLE OF CONTENTS

I.	Chaplain Requirements and Responsibilities	3
II.	Special Diets	3
III.	Religious Services Request	5
IV.	Religious Group Accounts and Purchases	6

ATTACHMENTS

Attachment #1	Special Diet Request Form	8
Attachment #2	Special Diet Approval Notification	9
Attachment #3	Religious Request Questionnaire	10
Attachment #4	Religious Services Request Form	12
Attachment #5	Religious Services Request Appeal Form	13

I. Chaplain Requirements and Responsibilities

A. At each institution with an average daily population of 500 or more incarcerated and civilly committed individuals, there is a full-time qualified chaplain (or chaplains) with minimum qualifications which are as follows:

1. One (1) unit of clinical pastoral education or equivalent specialized training, and

2. Endorsement by the Denominational Endorsing Agent/officer.

B. At each institution with an average daily population of less than 500 incarcerated and civilly committed individuals, there must be adequate religious staffing available that meet the same minimum qualifications as above.

C. The chaplain shall assure equal status and protection for all religions. The chaplain and/or religious staff shall have physical access to all areas of the institution to minister to incarcerated and civilly committed individuals and staff.

D. In instances where a religious leader of an incarcerated or civilly committed individual's faith is not represented through the institution's chaplaincy staff or volunteers, the chaplain/designee shall assist the individual by contacting a person with the appropriate credentials from the faith judicatory. That person will minister under the supervision of the chaplain after all institution entrance requirements are completed in accordance with 103 DOC 501, *Institution Security Procedures*.

E. The chaplain, in cooperation with the Superintendent or designee, is responsible for approving donations of equipment or materials for use in religious programs.

II. Special Diets

The following should be followed for Kosher, Halal, Vegetarian, and Vegan Diet Requests:

A. Per 103 CMR 471, *Religious Programs and Services,* incarcerated and civilly committed individuals should submit their special diet requests in writing to the Superintendent's designee, utilizing Attachment #1.

B. When the Superintendent's designee receives a special diet request, they should verify the incarcerated or civilly committed individual's religious affiliation in IMS. If the individual's religious affiliation is inconsistent with the submitted request, individual should be given an Incarcerated or Civilly Committed Individual Religious Services Request Form to be completed and forwarded to the Superintendent.

C. The Superintendent's designee will review all special diet requests received. If the incarcerated or civilly committed individual requests a special diet that is documented in the Religious Services Handbook, that diet should be approved, utilizing Attachment #2. The Superintendent's designee shall be responsible for documenting the special diet approval in IMS and forwarding a copy of Attachment #2 to the incarcerated or civilly committed individual.

D. If the incarcerated or civilly committed individual requests a special diet that is not documented in the Religious Services Handbook, that individual should be given an Incarcerated or Civilly Committed Individual Religious Services Request Form to be completed and forwarded to the Superintendent. The Superintendent shall then forward the request form, with their recommendation, to the Religious Services Review Committee for a formal decision.

E. Once a special diet is approved, the Superintendent's designee shall be responsible for entering the special diet information in IMS and ensuring that the incarcerated or civilly committed individual has been notified that they have been approved utilizing Attachment #2.

F. An informational notification will be forwarded to the institutional food services profile through IMS. The informational notification will include the incarcerated or civilly committed individual's name, commitment number, housing unit and special diet type. IMS will also generate and maintain an up-to-date special diet list via the diet query report.

G. Incarcerated and civilly committed individuals on special diets shall show their identification card and sign for their diet at every meal.

H. When a staff member witnesses an incarcerated or civilly committed individual who is on the special diet list accessing any part of a meal from the mainline menu or the individual fails to access the special diet, a disciplinary report shall be written and issued to the incarcerated or civilly committed individual. Sanctions will be imposed pursuant to 103 CMR 430, *Inmate Discipline*.

I. Incarcerated individuals assigned to a community work crew, work release assignment, whose work schedule conflicts with meal periods, or those who have substantiated reason, such as outside hospital admission, will not be issued a disciplinary report.

J. Special diets should continue without break upon transfer to another institution. An informational notification will be forwarded to the food services profile of both the sending and receiving institution upon an incarcerated individual's transfer. The notification will include the incarcerated individual's name, commitment number, and special diet type.

K. When an incarcerated or civilly committed individual, who voluntarily signs up to receive a religious services holy day feast fails to access the feast food, a

disciplinary report shall be written and issued to the incarcerated or civilly committed individual. Sanctions in the form of restitution for the cost of the wasted religious feast food may be imposed pursuant to 103 CMR 430, *Inmate Discipline* by the hearing officer if the incarcerated or civilly committed individual is found guilty.

III. Religious Services Request

The following procedures should be utilized when processing requests for religious items or practices that are not addressed in the Religious Services Handbook:

A. Incarcerated individuals are required to submit a Religious Request Questionnaire, Attachment #3, with all supporting documentation to the Superintendent's designee.

B. The Religious Request Questionnaire, Attachment #3, shall be reviewed by the Superintendent's designee to ensure that it is complete and accurate.

C. The Superintendent will then forward their recommendation to the Religious Services Review Committee utilizing the Religious Services Request Form, Attachment #4. The Religious Services Review Committee will consist of the Deputy Commissioner of Clinical and Reentry Services; the Assistant Deputy Commissioner of the Northern or Southern Sectors and the Director of Program Services and Reentry.

D. The Religious Services Review Committee shall review the incarcerated or civilly committed individual's request and the Superintendent's recommendation and then shall approve, modify, or deny the request within sixty (60) business days of receipt. The Religious Services Review Committee has the discretion to extend the time in which to issue a decision, if additional information about the practice, program, group or item is required. The Religious Services Review Committee may also determine that a reasonable alternative will serve to satisfy the request.

E. The Director of Program Services and Reentry shall provide the Superintendent with written notification of the Religious Services Review Committee's decision. The Superintendent shall ensure that the written notification is provided to the incarcerated or civilly committed individual and that the date served is documented.

F. If the request is denied, the notification shall include the reasons for denial. Denied requests shall inform the incarcerated or civilly committed individual of their right to appeal. The incarcerated or civilly committed individual shall utilize the Religious Services Request Appeal Form, Attachment #5. The appeal must be filed within ten (10) business days from receipt of the Religious Services Review Committee's decision. All appeals shall be submitted to the Superintendent's designee who is responsible for ensuring the appeal is complete

and includes the documentation to substantiate the appeal has been submitted within the required ten (10) days of receipt of notification. Appeals exceeding the ten (10) days shall be noted on the form and a copy sent to the Director of Program Services and Reentry. The Superintendent's designee shall submit all appeals received within the required timeframe to the Program Services Division for processing.

G. The Commissioner or designee shall have thirty (30) business days in which to uphold, modify, or overturn the decision of the Religious Services Review Committee and shall inform the incarcerated or civilly committed individual, Superintendent, and Religious Services Review Committee, in writing, of the final decision on the individual's request.

H. The appeal mechanisms set forth in 103 CMR 471.08(10) shall be the exclusive administrative remedies by which to appeal from an adverse decision regarding incarcerated or civilly committed individual requests for religious practices, programs, groups or items.

IV. Religious Group Accounts and Purchases

A. Religious Group Accounts

1. Upon request, the Superintendent shall request, through the Treasurer's Office, the establishment of a Z Account for all approved groups pursuant to 103 CMR 405, *Fund Accounts*.

2. The Treasurer shall submit such requests to the Support Services Division for final approval.

3. Group Z Accounts shall be maintained in accordance with 103 DOC 346, *Internal Controls Procedures*.

B. Religious Group Funds

1. Religious groups may solicit a monthly voluntary payment from practitioners. Funds shall be limited to ten (10) dollars per month, per practitioner.

2. Incarcerated individuals or civil commitments contributing funds may submit an institutional charge slip to the Superintendent's designee for final approval.

3. No incarcerated individual or civil commitment who is deemed indigent shall be prevented from participation in services due to inability to submit voluntary funds.

C. Religious Group Purchases

1. The purchase of coffee, tea, or office supplies with Group Z-Account funds shall be in accordance with Department of Correction Purchasing Procedures.

2. All requests to utilize Group Z Account funds shall be approved by the Superintendent's designee.

3. All requests shall originate from the group or Chaplain. Justification for the request shall be furnished along with how the requested items will be utilized. There shall be a compelling need for the requested items, and they should be directly related to services.

4. The majority of requests shall be funded by the approved Group Z-Account.

5. Religious Groups may request to utilize Incarcerated Individual/Civil Commitment Benefit Fund (IICCBP) Account for service-related materials i.e., holy books, corporate worship items. Any request to utilize Central Benefit Funds shall be reviewed/approved by the Superintendent pursuant to 103 DOC 476, *Canteen and Vending Machine Operations and Expenditures*.

6. All program-related materials and supplies shall be secured in an area designated by the Superintendent's designee.

7. The Superintendent's designee shall ensure supplies or services are delivered to the religious group and that they are used for their intended purpose. Any abuse of supplies or services shall be immediately reported to the Superintendent and may result in the suspension or termination of the Religious Group's Z-Account.

Attachment #1

Massachusetts Department of Correction
Special Diet Request Form

Institution: _____ Date of Request: _____

Incarcerated or Civilly Committed Individual Name: _____

Commitment Number: _____

I hereby request authorization to receive a special diet (Kosher/Halal/Vegetarian/Vegan). I agree to comply with the special diet requirements. I understand that, if I am observed accessing any part of a meal from the mainline menu or fail to access a meal, a disciplinary report will be issued.

I understand that I must provide a written request (in the space below) stating what my religion is and what dietary restrictions apply to my religion that require my placement on the special diet list, in accordance with 103 CMR 471.08(5).

I understand that I may elect to participate in my faith's high holy day feast(s) documented in the Religious Services Handbook rather than receiving my special diet on a high holy day. On the high holy day, if I choose to receive the feast, I understand that I will not receive one of my special diet meals or the mainline meal. I will make notification to the Director of Treatment if I want to participate in my faith's high holy day feast or want to receive my special diet meal with a minimum of a 30 day notice.
Religion: _____

Clearly explain what dietary restrictions require your placement on the special diet list:

_____

_____

_____
Signature of Incarcerated or Civilly Committed Individual Commitment# Date

_____
Receipt by Superintendent's Designee Date

_____
Recommendation by Superintendent's Designee Date

_____
Superintendent's Signature Date

Attachment #2

Special Diet Request Approval Notification

Date:

Incarcerated or Civilly Committed Individual Name:

Commitment #:

From: Superintendent

Please be advised that your request for a special diet has been approved and you will be added to the Kosher/Halal/Vegetarian/Vegan list effective immediately. Please be aware that, if for any reason you are observed accessing any part of a meal from the mainline menu or fail to access a meal, a disciplinary report will be written.

Thank you.

Attachment #3

Religious Request Questionnaire

Date:_____

Name:_____ Commitment Number:_____

1. What is the official name of the faith group?

   _____

2. Who is the head of the faith group?

   _____

3. What is the address and telephone number of the faith group in Massachusetts or the U.S.?

   Address: Telephone #:

   _____ _____

   _____

   _____

4. Does the faith group have ministers or teachers?

   Yes ☐ No ☐

5. Are the ministers available to visit incarcerated members of the faith group?

   Yes ☐ No ☐

6. Are there religious holy days to be observed?

   Yes ☐ No ☐

7. If so, what religious practices are necessary for the observance?

   _____

   _____

8. Are there time and space requirements for the faith? Yes☐ No☐

   If so, please explain?

   _____

   _____

9. Is the religion open to all incarcerated and civilly committed individuals?

   Yes ☐ No ☐

Name:_____ Commitment Number:_____

The Religious Services Review Committee will only review requests listed in the space provided below. Please number each request. (Provide reference material, which would be useful for researching this group).

10. What is your specific request?

Attachment #4

Religious Services Request Form

Institution:_____ Date of Request:____/____/____

Name:_____ Commitment Number:_____

Request:
(Be Specific. What was requested? When does the incarcerated individual/civil commitment want it? Where does the incarcerated individual/civil commitment want to utilize it?)

_____
_____
_____
_____

Religion:_____

Attach the incarcerated individual's/civil commitment's completed Religious Request Questionnaire.

Institution Recommendation: Approve: ☐ Deny: ☐

If recommendation is to deny, please give the following information:

1. Clearly articulate the security reason(s) for this recommendation (Be specific):
   _____
   _____

2. What alternatives were asked for or could be offered?
   _____
   _____

3. Was anyone contacted outside of the institution concerning this request? Yes ☐ No ☐
   If so, who? _____

_____ _____
Superintendent's Signature Date

Please send completed form to the Religious Services Review Committee

Attachment #5

DEPARTMENT OF CORRECTION
RELIGIOUS SERVICES REQUEST APPEAL FORM

Name:_____ Commitment Number:_____

Institution:_____ Date Appeal Received:____/____/____

Specific Request:_____
_____
_____

Date of Religious Services Review Committee Meeting: _____

Committee's Rationale for Denial:_____
_____
_____

Reason for Appeal:_____
_____
_____

Remedy Requested:_____
_____
_____

APPEAL DECISION

Appeal Withdrawn ☐ Appeal within Timeframe ☐ Appeal Exceeds Timeframe ☐

Superintendent/Designee Signature:_____

***Copy should be sent to the Director of Program Services**

Committee Decision is Upheld ☐ Overturned ☐ Modified ☐

Appeal Decision Comments: _____

Commissioner's Signature: _____

Date:_____