NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION
732

INMATE ALTERNATIVE MEAL SERVICE

Supersedes: AR 732 (07/20/11, Temporary); (06/17/12)
Effective Date: 05/15/18

PURPOSE

To establish a policy for inmate alternative meal services that ensures the safety and security of inmates and staff.

AUTHORITY:

NRS 209.131

RESPONSIBILITY

The Deputy Director of Operations is responsible to ensure administration policies are in place at each facility and institution.

The Warden is responsible to ensure compliance with this procedure.

The Food Service Manager shall ensure implementation with this procedure through food service staff.

The Associate Warden shall be responsible for ensuring the appropriate approval form and incident report forms are completed in accordance with this procedure.

732.01 ALTERNATIVE MEAL SERVICE

1. Alternative meal services may only be provided for inmates housed in segregated housing and identified as food-abusive inmates. The definition of a food-abuse inmate is an inmate that uses food or food service equipment in a manner that is hazardous to self, staff or other inmates.

2. Alternative meals are evaluated on a case-by-case basis.

3. Use of the meal is based on health and safety considerations only.

4. The meal must meet basic nutritional requirements.

5. Written approval from the Warden is required prior to use of the alternative meal.
6. The substitution period shall not exceed seven (7) days, without a review by the Warden.

A. When the Warden is not available in person to approve the use of the alternative meal service, i.e., weekends, holidays or after business hours, the following procedure must be adhered to prior to placing the inmate on an alternative meal.

(1) The shift supervisor will be contacted and will initiate report preparations in accordance with Administrative Regulation (AR) 332.02. Reports shall document the time, place and circumstances of the incident leading to the request for alternative meal service along with the Alternative Meal Service form (DOC-3015 – Attachment A). All reports shall be entered within the Nevada Offender Tracking Information System (NOTIS).

(2) The shift supervisor shall contact the medical department and have them check the inmate’s medical records to ensure the inmate meets the requirements to be placed on the alternative meal service.

   (a) The authorizing medical authority will sign the Alternative Meal Service form indicating approval for placement on an alternative meal.

   (b) The Charge Nurse may consult with the Physician or Physician Extender by telephone during non-business hours and may sign for them.

   (c) The Physician/Physician Extender must be contacted prior to approval.

(3) Once Medical has signed off on the Alternative Meal Service form, the shift supervisor will contact the Warden/designee and request permission to place the inmate on an alternative meal.

(4) The shift supervisor will submit an NDOC Form O19 NOTIS report and forward a hard copy of the incident file to the Warden detailing the circumstances surrounding the incident. The report shall identify the supervisor and verify that the supervisor has communicated in person with the inmate to determine the cause of the inmate’s actions or comments. The supervisor shall acquire the Warden’s or designee’s approval for the alternative meal.

6. No inmate will be served an alternative meal until the responsible health authority medically approves this meal for the inmate.

7. The substitution of meals will not exceed seven consecutive days for each incident.

8. Authorization for placing an inmate on an Alternative Meal Service will be documented on the Alternative Meal Service Approval/Disapproval Form (DOC-3015 -Attachment A).
732.02 INCIDENT REPORT

1. The shift supervisor shall initiate report preparations in accordance with AR 332.02 and ensure NOTIS report entries are submitted by staff, detailing the incident for which the inmate was identified as a food-abusive inmate. The reports shall include the supervisor’s identity, who personally communicated with the inmate as to having determined the cause of the inmate’s actions or comments.

2. A separate Notice of Charges may also be written for the inmate’s actions.

3. The imposition of the Alternative Meal Service is not an approved disciplinary sanction.

4. Inmates who supply sources of food to the food-abusive inmate cannot themselves be considered food-abusive inmates and will be processed through ordinary disciplinary procedures.

732.03 MEAL REQUIREMENTS

1. Two alternative meals will be served daily in a 24-hour period. One meal will be served at breakfast and one at dinner.

2. The meal will be sufficient in quality and quantity to provide the minimum daily calorie requirements and will be approved by a registered dietician.

3. Water is to be served with the meal.

4. No coffee or juice will be provided during this meal.

5. Recipe and cooking will be in accordance with the attached Recipe/Cooking Instructions (Attachment B).

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APPLICABILITY

1. This Administrative Regulation does not require an Operational Procedure.

2. This Administrative Regulation requires an audit.

REFERENCES

ACA 4th Edition: 4-4264, 4-4320, 4-4313

ATTACHMENTS

A. DOC Form 3015 – Alternative Meals Service Approval/Disapproval Form
B. Alternative Meals Service Cooking Instructions

James Dzurenda, Director

5-15-18

Date
ATTACHMENT A – AR 732

ALTERNATIVE MEAL SERVICE

APPROVAL/DISAPPROVAL FORM

TO: ____________________________________________
   (Food Manager)

FROM: ____________________________________________
   (Warden)

DATE: ____________________________________________

RE: SPECIAL MANAGEMENT MEAL

INMATE: ____________________________________________

NUMBER: ____________________________________________

____________________________________________________

Effective ________________ , this inmate is placed on the Alternative Meal Service
   (Date)

for ________________ consecutive days.
   (Number)

____________________________________________________

Signature – Warden

Medical Clearance By:

____________________________________________________

Signature – Physician/Physician Extender

Date

cc: Assistant Director/Operations
    Associate Warden/Operations
    I-File
    File
    DOC-3015 (3/02)
ATTACHMENT B – AR 732

ALTERNATIVE MEALS SERVICE
COOKING INSTRUCTIONS

I. RECIPE

The alternative meal will follow the recipe below:

- Two (2) ounces of powdered milk;
- Three and one half (3.5) ounces of raw grated potato;
- Three and one half (3.5) ounces of carrots, chopped fine
- One (1) ounce, by volume, tomato juice or puree;
- Three and one half (3.5) ounces cabbage, chopped fine;
- Four (4) ounces ground beef;
- Two (2) ounces of lard or shortening, or salad oil;
- One (1) ounce of white or whole wheat flour;
- Three and one half (3.5) ounces of chopped celery;
- One (1) egg; and
- Five (5) ounces of dry red beans, precooked before baking

II. COOKING INSTRUCTIONS

Chop/dice vegetables; thoroughly mix the vegetables, meat, milk, tomato juice, flour, shortening, and egg; mold, place in bread pans, bake at 350 degrees (do not grease loaf pans). Bake until done. Makes one loaf.