NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION
732

INMATE ALTERNATIVE MEAL SERVICE (TEMPORARY)

Supersedes: AR 732 (11/08/04)
Effective Date: 07/21/10

AUTHORITY:

NRS 209.131

RESPONSIBILITY

It shall be the responsibility of the Warden to ensure compliance with this procedure.

The Food Service Manager shall ensure compliance with this procedure by 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 used for inmates housed in segregated housing and identified as food-abusive 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.

   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 a report submitted documenting 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).

(2) The shift supervisor will 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 a report to the Warden detailing the circumstances surrounding the incident. The report will also 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 inmate's comments. 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. Form DOC-028, Incident Report Form (Attachment C) and a NOTIS entry will be submitted by staff detailing the incident for which the inmate was identified as a food-abusive inmate. The report will include the supervisor's identity, who personally communicated with the inmate as to having determined the cause of the inmate's action or the inmate's 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 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).

APPLICABILITY

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

2. This Administrative Regulation requires an audit.

REFERENCES

ACA 4-4252, 4-4301

ATTACHMENTS

A. DOC Form 3015 – Alternative Meals Service Approval/Disapproval Form
B. Alternative Meals Service Cooking Instructions
C. DOC Form 028 – Incident Report Form

Howard Skolnik, Director

7/8/10
Date

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)

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.

STATE OF NEVADA

DEPARTMENT OF CORRECTIONS

CASE # ______________________

INCIDENT CLASSIFICATION:		DATE:	PAGE #:

PRINT OFFICER NAME	APPROVED BY / W/S	OFFICER'S SIGNATURE	I.D. #	CASE NUMBER:

DOC-028 (03/02)