


Idaho Department of Correction 	Standard Operating Procedure	Title: Alternate Meal Procedures for Restrictive Housing Inmates		Page: 1 of 7
		Control Number: 404.02.01.002	Version: 3.0	Adopted: 04-16-2001

**Jeff Zmuda, chief of the prisons division, approved this document on
04/28/2016.**

Open to the public: Yes No

Redacted version available: Yes No

SCOPE

This standard operating procedure (SOP) covers alternative meals for inmates in restrictive housing.

Revision Summary
Revision date (04/28/2016) version 3.0: Periodic review to affirm content. Eliminate use of 'Nutra Loaf', update to current format.

TABLE OF CONTENTS

Purpose..... 2

Responsibility 2

General Requirements 2

1. Alternative Meals 2

2. Alternative Meal Authorization 3

3. Monitoring and Ending Alternative Meal Service 4

4. Alternative Meal Preparation and Delivery 5

Definitions 7

References..... 7

Control Number: 404.02.01.002	Version: 3.0	Title: Alternate Meal Procedures for Restrictive Housing Inmates	Page Number: 2 of 7
---	------------------------	---	-------------------------------

POLICY CONTROL NUMBER 404

Food Service

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish standards and procedures for authorizing and ending alternative meal service for inmates placed in restrictive housing.

RESPONSIBILITY

Facility heads are responsible for the following:

- Implementing this SOP and ensuring that staff members follow its requirements.

The dietary services manager is responsible for the following:

- Developing alternative-meal menus that meet minimum nutritional requirements.

GENERAL REQUIREMENTS

Food may not be used as a form of punishment.

1. Alternative Meals

Alternative meals may be served if a restrictive housing inmate uses food or food service equipment in a manner hazardous to self, staff, or other inmates. Examples of hazardous behavior involving food service equipment/food include refusing to surrender a food tray, breaking food trays, using food trays or utensils to harm self or others, using food utensils, or trays to expose staff or others to bodily fluids.

Alternative meals must meet basic nutritional requirements and occur only with the prior approval of the facility head or duty officer.

Control Number: 404.02.01.002	Version: 3.0	Title: Alternate Meal Procedures for Restrictive Housing Inmates	Page Number: 3 of 7
---	------------------------	---	-------------------------------

2. Alternative Meal Authorization

The following steps will be used when alternative meals are required.

Process Steps

Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
Shift Commander (or designee)	1	Determines or learns that an inmate in restrictive housing has used food or food service utensils in a manner that is hazardous to himself or staff. <ul style="list-style-type: none"> See examples provided in Section 1.
Shift Commander (or designee)	2	<ul style="list-style-type: none"> Using the, <i>Alternative Meal Authorization and Tracking</i> form (Appendix A), record the behavior indicating the need for an alternative meal. Contact medical staff to investigate whether the inmate has any medical condition that affects the use of alternative meals (e.g., a peanut allergy or diabetes) and document the information on Appendix A.
Shift Commander (or Designee)	3	Contact the facility head or duty officer and provide all of the information regarding the inmate's behavior and all pertinent medical and selective diet information.
Facility Head (or duty officer)	4	Review the information and either approve or deny the request. <ul style="list-style-type: none"> If <u>denied</u>--the process ends here. File the denied request in the inmate's central file. If <u>approved</u>--ensure that a 105 Information Report Form is submitted in accordance with SOP 105.02.01.001, Reporting and Investigation of Major Incidents.
Facility Head (or duty officer)	5	<ul style="list-style-type: none"> Ensure the original Appendix A is forwarded to the facility food service authority, Ensure a copy of Appendix A is forwarded to the housing unit (you may also retain a copy for your files), and Ensure the decision and inmate's behavior are documented in the Corrections Integrated System (CIS) under C-notes.

Control Number: 404.02.01.002	Version: 3.0	Title: Alternate Meal Procedures for Restrictive Housing Inmates	Page Number: 4 of 7
---	------------------------	---	-------------------------------

Facility Food Service Authority	6	<ul style="list-style-type: none"> • Notify the dietary services manager of the request for an alternative meal menu and of any selective diet, medical diet or special provision diet currently in place, to obtain an alternative meal menu for the inmate; • Place the inmate on alternative meal service status, for the next meal; • Establish a seven (7) consecutive day expiration date. (Note: Alternative meal service cannot exceed seven [7] consecutive days. For example, if the first alternative meal is served on Monday evening, the last alternative meal will be lunch on the following Monday.) • Proceed to the table in section three (3) of this SOP.
--	----------	--

For further assistance with CIS, see your designated CIS super user.

If the facility head or duty officer is away from the facility, the review can be completed over the telephone. The shift commander can document the facility head or duty officer's decision on Appendix A and, if approved, complete step 5 in the table above. The facility head or duty officer will sign Appendix A on the next business day.

3. Monitoring and Ending Alternative Meal Service

The duration of an inmate's placement on alternative meal service must be closely monitored. Alternative meal service cannot exceed seven (7) consecutive days. The following steps will be used to monitor and end alternative meal services.

Process Steps

Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
Shift Commander (or designee)	1	Review the inmate's behavior and provide a written report to the facility head at the end of the shift.
Facility Head	2	<ul style="list-style-type: none"> • Upon receiving the report from the shift commander (or designee), decide whether to end the alternative meal service before the seven (7) consecutive day expiration date established by the facility food service authority. (Note: The inmate must display acceptable behavior for a minimum of 24 consecutive hours.) • If ending the alternative meal service before the seven (7) day expiration date, notify the facility food service authority.

Control Number: 404.02.01.002	Version: 3.0	Title: Alternate Meal Procedures for Restrictive Housing Inmates	Page Number: 5 of 7
---	------------------------	---	-------------------------------

Facility Food Service Authority	3	<ul style="list-style-type: none"> • End alternative meal services (and record the date and time on Appendix A) when: <ul style="list-style-type: none"> ◆ The seven (7) consecutive days expires; or ◆ You receive authorization from the facility head to end services prior to the seven (7) consecutive days expiring. • Ensure the decision is documented in the Corrections Integrated System (CIS) under C-notes. • Ensure the original Appendix A is returned to the facility head.
Facility Head	4	<ul style="list-style-type: none"> • When alternative meal services end, submit a <i>105 Information Report Form</i> in accordance with SOP 105.02.01.001, <i>Reporting and Investigation of Major Incidents.</i> • Ensure the original Appendix A is filed in the inmate's central file.

When the inmate returns to regular or previous meal status, the facility head may order that Styrofoam trays and disposable eating utensils be used.

4. Alternative Meal Preparation and Delivery

The dietary services manager is responsible for writing alternative meal menus for use by food service staff. When practicable, alternative meals will match either the mainline menu or the standard menu for the inmate's selective diet choice.

If the dietary services manager is unavailable to provide the requested menu, the *Alternative Meal Menu* (below) may be used. Reasonable substitutions to the alternative meal menu for selective diet preferences should be made on an item-by-item basis but must be approved by the facility head based upon legitimate penological interests. Substitutions to items on the alternative meal menu for medical reasons (e.g., an equivalent serving of meat and/or cheese for peanut butter in the case of a peanut allergy) must be promptly referred to the facility health authority (or designee) and the facility head for approval. See SOP 404.02.01.003 (Diets for Inmates: Selective, Medical, Special Provision, and Infirmary).

Staff must prepare alternative meals, and the meals must be protected from contamination until served. A staff member must deliver the meals to the housing unit.

Alternative Meal Menu Option

The below menu may be used in cases where the standard mainline or selective diet meal(s) cannot be reasonably served with the ordered utensil(s) (e.g., soups and stews when the

Control Number: 404.02.01.002	Version: 3.0	Title: Alternate Meal Procedures for Restrictive Housing Inmates	Page Number: 6 of 7
---	------------------------	---	-------------------------------

alternative meal order calls for Styrofoam trays), and the dietary services manager is not available to provide an alternate menu:

Breakfast

- 16 oz. Milk in single-serve carton(s)
- Two ounces of cold dry cereal
- 1 breakfast sandwich (English muffin, 2 oz eggs and 1 oz cheese or 2 oz sausage and 1 oz cheese)
- 4 oz. 100% juice or 1 piece fresh fruit, (peeled if an orange or banana) and sectioned
- 2 packages sugar (or sugar substitute when requested by medical or the inmate is on a Healthy Choice diet) 1 multi-vitamin/mineral tablet with iron (such as “One a Day”) (Note: A medical staff member must provide.)

Lunch (peanut butter sandwich)

- 4 oz. 100% juice or 1 piece fresh fruit, (peeled if an orange or banana) and sectioned
- 4 slices wheat bread
- 2.5 oz. peanut butter plus 1 oz jelly (sugar free jelly will be provided when requested by medical or the inmate is on a Healthy Choice diet) (Peanut butter and jelly should be served on the bread in sandwich form).
- 4 oz fresh vegetables, washed, cut, and ready-to-eat
- 1 cereal bar or muffin

Dinner

- 4 oz. 100% juice or 1 piece fresh fruit, (peeled if an orange or banana) and sectioned
- 4 slices bread
- 2 oz. sliced meat plus 2 oz. cheese or 4 oz sliced meat (2 mayonnaise packets and 2 mustard packets)
- 4 oz fresh vegetables, washed, cut, and ready-to-eat
- 1 cereal bar or muffin

Service Specification

Styrofoam tray, Styrofoam or paper cup, and Spork

As discussed above, when using this menu, changes to an inmate’s selective diet menu requires approval by the facility head or duty officer and changes to an inmate’s medical diet require approval by the facility health authority. The continuation of this menu for the seven-day period is subject to review and approval by the dietary services manager.

Control Number: 404.02.01.002	Version: 3.0	Title: Alternate Meal Procedures for Restrictive Housing Inmates	Page Number: 7 of 7
---	------------------------	---	-------------------------------

DEFINITIONS

Dietary Services Manager: The Department employee with administrative oversight responsibility of food service operations in Idaho Department of Correction (IDOC) correctional facilities.

Facility Food Service Authority: The Department employee with primary responsibility to oversee and manage a facility food service operation in a correctional facility.

Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

REFERENCES

Appendix A, Alternative Meal Authorization and Tracking

Standards for Adult Correctional Institutions, Third Edition, Standards 3-4294, 3-4297, 3-4298, 3-4299, 3-4301

Standard Operating Procedure 105.02.01.001, Reporting and Investigation of Major Incidents.

Standard Operating Procedure 404.02.01.003 (Diets for Inmates: Selective, Medical, Special Provision, and Infirmary).

– End of Document –

IDAHO DEPARTMENT OF CORRECTION
Alternative Meal Authorization and Tracking

Inmate Name: _____ IDOC #: _____ Unit: _____ Date: _____

Reason for Alternative Meal:

- Attempting to harm self
- Using tray or utensils to harm staff or others
- Breaking tray
- Using utensils or tray to expose staff to body fluids or feces
- Won't surrender tray or utensils
- Other: _____

Medical Status:

- Medical staff indicates inmate has no medical restriction preventing consumption of alternative menu foods.
- The inmate has a medical condition that inhibits the consumption of one or more of the foods provided by the alternate meal menu:

Restricted Food Item: _____ Requested Substitution: _____

Restricted Food Item: _____ Requested Substitution: _____

Restricted Food Item: _____ Requested Substitution: _____

Is the inmate currently receiving a selective diet?

- No Yes: _____

Shift Commander Making Recommendation

Name: _____ Associate Number: _____ Date: _____

Approval:

- Facility Head Duty Officer

Contact Date: _____ Time: _____

Alternative Meal:

- Approved Denied

Facility Head's Signature Associate # Date

Food Service Authority

Date and type (e.g., dinner) first alternative meal served: _____

Date and type (e.g., lunch) of seven (7) day expiration: _____

Date and type (e.g., lunch) last alternative meal served: _____

Signature Associate # Date