

BP-A295.052  
APRIL 1994**SPECIAL HOUSING UNIT REVIEW****U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS**

Inmate Name: <b>EPSTEIN, JEFFREY EDWARD</b>	Register Number: <b>76318-054</b>	Unit: <b>5</b>	Institution: <b>NEW YORK MCC</b>
Date Entered Special Housing: <b>07-10-2019</b>	Reason for Placement: <b>PENDING CAPTAINS REVIEW</b>		
I. Subject: (2 or 3 Days) <b>3 Day Review</b>	Date Reviewed <b>07-15-2019</b>		

Action Taken on the Above Date:

**Continue in Special Housing Unit**

Printed Name/Signature:

**II. RECORD REVIEW.**

(To be done weekly in the inmate's absence, beginning after the in-person 7 day review, and continuing every week between each in-person 30 day review.)

DATE	ACTION TAKEN	REMARKS	SIGNATURE
07-19-2019	Continue in Special Housing Unit		

III. Subject: (7 or 30 Days) <b>7 Day Review</b>	Review By (SRO): [REDACTED]	Reviewing Authority:
Date inmate appeared for a Special Housing Review: <b>07-19-2019</b>	Or Date inmate waived right to appear: <b>01-01-111</b>	

Has been seen daily by Medical Staff: ☒ Yes; ☐ NoHas been seen daily by responsible officer designated by Warden: ☒ Yes; ☐ NoHas received prescribed weekly exercise: ☒ Yes; ☐ NoProper documentation and justification in the Central File (Incident Report, DHO Report, copies of Special Housing Review Form): ☒ Yes; ☐ No  
if no, why not?Is there a written psychiatric or psychological assessment on the inmate who has spent 30 days in a special housing status? ☒ Yes; ☐ NoIs there an additional assessment for every one month interval thereafter? ☒ Yes; ☐ No  
if no, why not?

Action taken on the above date by the Segregation Review Official or the Reviewing Authority:

☐ Released from Special Housing; ☒ Continue in Special HousingDid inmate in Administrative Detention receive a written copy of staff's decision and the basis for the finding at each 30 day review? ☒ Yes; ☐ No  
if no, why not (Should be given provided institutional security not compromised)?

Remarks: (Any change in the reason for placement is to be noted in this section. If the reason for placement changes, the inmate must receive a copy of this form):

Date of Next Review:

**07-26-2019**

Printed Name and Signature of Segregation Review Official or the Reviewing Authority and Date Signed:

Record Copy - Central File  
This form replaces BP-295(52) dated January 1988