

BP-A295.052
APRIL 1994

SPECIAL HOUSING UNIT REVIEW

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Inmate Name: EPSTEIN, JEFFREY EDWARD	Register Number: 76318-054	Unit: 5	Institution: NEW YORK MCC
Date Entered Special Housing: 07-29-2019	Reason for Placement: PENDING DHO FOR CODE 228 SELF-MUTILATION		
I. Subject: (2 or 3 Days) 3 Day Review	Date Reviewed 08-01-2019		

Action Taken on the Above Date:

Continue in Special Housing Unit

Printed Name/Signature:

[REDACTED]

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
08-05-2019	Continue in Special Housing Unit		[REDACTED]

III. Subject: (7 or 30 Days) 7 Day Review	Review By (SRO): [REDACTED]	Reviewing Authority:
Date inmate appeared for a Special Housing Review: 08-05-2019	Or Date inmate waived right to appear: 01-01-111	

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:

08-12-2019

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

[REDACTED]

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