

SPECIAL HOUSING UNIT RECORD

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

NEW YORK MCC (Institution)										
Inmate Name: EPSTEIN, JEFFREY EDWARD Reg. No. 76318-054										
Team/caseworker: UNASSIGNED ADMISSION Regular Unit: A&O [REDACTED], UNIT MANAGER X [REDACTED] Cell: A&O										
Violation or Reason: PENDING CLASSIFICATION					Date Rec'd: 2019-07-10	Time Rec'd: 15:26				
Admittance Authorized: [REDACTED]					Date Rel.: [REDACTED]	Time Rel.: [REDACTED]				
Pertinent Information: N/A										
Separation Information: N/A										
Special Housing Unit Cell Number: Z05-124LAD					Inmate Is In: [REDACTED]	DS: AD	AD Status			
Is Inmate on Medication: N					Medical Department Notified: Y					
Date	Shift	Meals			SH	Exercise	Out of cell time (Total min/hrs)	Comments	Medical Staff Sign	OIC Signature
		B	D	S						
07-14-2019	Morn	Y								
07-14-2019	Day		Y		N	No				
07-14-2019	Eve			Y	N	No				
07-15-2019	Morn	Y								
07-15-2019	Day		Y		Y	No	01:00	See 2nd page	[REDACTED]	
07-15-2019	Eve			Y		No				
07-16-2019	Morn	Y								
07-16-2019	Day		Y					See 2nd page	[REDACTED]	
07-16-2019	Eve			Y		No				
07-17-2019	Morn	Y								
07-17-2019	Day		Y		Y	Ref	01:00	See 2nd page	[REDACTED]	
07-17-2019	Eve			Y		No				
07-18-2019	Morn	Y								
07-18-2019	Day		Y		N	Ref		See 2nd page	[REDACTED]	
07-18-2019	Eve			Y		No				
07-19-2019	Morn	Y								
07-19-2019	Day		Y		Y		00:15	See 2nd page	[REDACTED]	
07-19-2019	Eve			Y						
07-20-2019	Morn	Y								
07-20-2019	Day		Y						[REDACTED]	
07-20-2019	Eve			Y	N	No				

EXPLANATORY NOTES: Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc. Meals/SH: Shower - Yes (Y); No (N); Refused (R) Out-of-Cell Time: (LL) Law Library, (LV) Legal Visit, (U) Unit Team, (P) Psychology, (E) Education, (H) Haircut, (C) Chapel, (R) Recreation, (X) Property Issue, (V) Visit, (M) Medical, (C) Court, (O) Other - Yes (Y) if applicable / Enter Actual Time Period Start and End (i.e., 0930 - 1030 hrs) in Out of Cell Time Block.

Medical: Medical providers will sign the segregation log each shift and the record sheet each time the inmate is seen by a medical provider. At a minimum, the record sheet must be signed at least once each day by the medical provider. Comments: i.e., Conduct, Attitude, etc. Additional comments on reverse side must include date, signature, and title. OIC Signature: OIC must sign all record sheets each shift. (OIC - Unit Officer)

07-15-2019 Day shift comments:
Health: Voices no medical complaints.

07-16-2019 Day shift comments:
Health: Voices no medical complaints.

07-17-2019 Day shift comments:
Health: Voices no medical complaints.

07-18-2019 Day shift comments:
Health: Voices no medical complaints

07-19-2019 Day shift comments:
Health: Voices no medical complaints.