

























































































































**SPECIAL HOUSING UNIT RECORD**

**U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS**

NEW YORK MCC  
(Institution)

Inmate Name: EPSTEIN, JEFFREY EDWARD

Reg. No. [REDACTED]

Team/caseworker: UNASSIGNED ADMISSION

Regular Unit: A&ON. [REDACTED] UNIT MANAGER [REDACTED] Cell: A&O

Violation or Reason: N/A Date Rec'd: N/A Time Rec'd: N/A

Admittance Authorized: N/A Date Rel.: N/A Time Rel.: N/A

Pertinent Information: N/A

Separation Information: N/A

Special Housing Unit Cell Number: Z05-124LAD Inmate Is In: N/A DS: N/A AD Status

Is Inmate on Medication: N/A Medical Department Notified: N/A

Date	Shift	Meals			SH	Exercise	Out of cell time (Total min/hrs)	Comments	Medical Staff Sign	OIC Signature
		B	D	S						
	Morn									
	Day									
	Eve									
07-09-2019	Morn	Y								[REDACTED]
	Day									[REDACTED]
	Eve									[REDACTED]
	Morn									[REDACTED]
	Day									[REDACTED]
	Eve									[REDACTED]
07-11-2019	Morn	Y								[REDACTED]
07-11-2019	Day		Y		N	Ref		See 2nd page		[REDACTED]
07-11-2019	Eve			Y						[REDACTED]
07-12-2019	Morn	Y								[REDACTED]
07-12-2019	Day		Y					See 2nd page		[REDACTED]
07-12-2019	Eve			Y						[REDACTED]
07-13-2019	Morn	Y								[REDACTED]
07-13-2019	Day		Y							[REDACTED]
07-13-2019	Eve			Y						[REDACTED]

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)

07-11-2019 Day shift comments:  
Health: Voices no medical complaints.

07-12-2019 Day shift comments:  
Health: Voices no medical complaints.

**SPECIAL HOUSING UNIT RECORD**

**U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS**

NEW YORK MCC  
(Institution)

Inmate Name: EPSTEIN, JEFFREY EDWARD

Reg. No. [REDACTED]

Team/caseworker: UNASSIGNED ADMISSION

Regular Unit: A&ON. [REDACTED] UNIT MANAGER X [REDACTED] Cell: A&O

Violation or Reason: N/A Date Rec'd: N/A Time Rec'd: N/A

Admittance Authorized: N/A Date Rel.: N/A Time Rel.: N/A

Pertinent Information: N/A

Separation Information: N/A

Special Housing Unit Cell Number: Z05-124LAD Inmate Is In: N/A DS: N/A AD Status

Is Inmate on Medication: N/A Medical Department Notified: N/A

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		
07-15-2019	Eve			Y		No				
07-16-2019	Morn	Y								
07-16-2019	Day		Y					See 2nd page		
07-16-2019	Eve			Y		No				
07-17-2019	Morn	Y								
07-17-2019	Day		Y		Y	Ref	01:00	See 2nd page		
07-17-2019	Eve			Y		No				
07-18-2019	Morn	Y								
07-18-2019	Day		Y		N	Ref		See 2nd page		
07-18-2019	Eve			Y		No				
07-19-2019	Morn	Y								
07-19-2019	Day		Y		Y		00:15	See 2nd page		
07-19-2019	Eve			Y						
07-20-2019	Morn	Y								
07-20-2019	Day		Y							
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.

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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.

**SPECIAL HOUSING UNIT RECORD**

**U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS**

NEW YORK MCC  
(Institution)

Team/caseworker: UNASSIGNED ADMISSION Regular Unit: 5UNT MGR. N. EXT Cell: 5

Violation or Reason: N/A Date Rec'd: N/A Time Rec'd: N/A

Admittance Authorized: N/A Date Rel.: N/A Time Rel.: N/A

Pertinent Information: N/A

Separation Information: N/A

Special Housing Unit Cell Number: H01-001L Inmate Is In: N/A DS: N/A AD Status

Is Inmate on Medication: N/A Medical Department Notified: N/A

Date	Shift	Meals			SH	Exercise	Out of cell time (Total min/hrs)	Comments	Medical Staff Sign	OIC Signature
		B	D	S						
07-21-2019	Morn	Y								
07-21-2019	Day		Y							
07-21-2019	Eve			Y						NOEL TOVA A
07-22-2019	Morn	Y								
07-22-2019	Day		Y		Y	No	01:00			
07-22-2019	Eve			Y						
	Morn									
	Day									
	Eve									
	Morn									
	Day									
	Eve									
	Morn									
	Day									
	Eve									
	Morn									
	Day									
	Eve									

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.

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**SPECIAL HOUSING UNIT RECORD**

**U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS**

NEW YORK MCC  
(Institution)

Inmate Name: EPSTEIN, JEFFREY EDWARD

Reg. No. [REDACTED]

Team/caseworker: \_\_\_\_\_ Regular Unit: 5UNT MGR. N. [REDACTED] EXT [REDACTED] Cell: 5

Violation or Reason: N/A Date Rec'd: N/A Time Rec'd: N/A

Admittance Authorized: N/A Date Rel.: N/A Time Rel.: N/A

Pertinent Information: N/A

Separation Information: N/A

Special Housing Unit Cell Number: Z04-206LAD Inmate Is In: N/A DS: N/A AD Status

Is Inmate on Medication: N/A Medical Department Notified: N/A

Date	Shift	Meals			SH	Exercise	Out of cell time (Total min/hrs)	Comments	Medical Staff Sign	OIC Signature
		B	D	S						
	Morn									
	Day									
	Eve									
07-29-2019	Morn	Y								
	Day									
07-29-2019	Eve			Y	N					
07-30-2019	Morn	Y								
07-30-2019	Day		Y		N	Ref		See 2nd page		
07-30-2019	Eve			Y		No				
07-31-2019	Morn	Y								
07-31-2019	Day		Y		Y	08:30/07:30 O	02:00	See 2nd page		
07-31-2019	Eve			Y						
08-01-2019	Morn	Y								
08-01-2019	Day		Y		N	Ref		See 2nd page		
08-01-2019	Eve			Y		No				
08-02-2019	Morn	Y								
08-02-2019	Day		Y		Y	No	01:00	See 2nd page		
08-02-2019	Eve			Y		No				
08-03-2019	Morn	Y								
08-03-2019	Day		Y							
08-03-2019	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.

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07-30-2019 Day shift comments:  
Health: Voices no medical complaints.

07-31-2019 Day shift comments:  
Health: Voices no medical complaints.

08-01-2019 Day shift comments:  
Health: Voices no medical complaints.

08-02-2019 Day shift comments:  
Health: Voices no medical complaints.

SPECIAL HOUSING UNIT RECORD

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS

NEW YORK MCC  
(Institution)

Inmate Name: EPSTEIN, JEFFREY EDWARD

Reg. No. [REDACTED]

Team/caseworker: \_\_\_\_\_ Regular Unit: 5UNT MGR. N [REDACTED] EXT [REDACTED] Cell: 5

Violation or Reason: N/A Date Rec'd: N/A Time Rec'd: N/A

Admittance Authorized: N/A Date Rel.: N/A Time Rel.: N/A

Pertinent Information: N/A

Separation Information: N/A

Special Housing Unit Cell Number: Z04-206LAD Inmate Is In: N/A DS: N/A AD Status

Is Inmate on Medication: N/A Medical Department Notified: N/A

Date	Shift	Meals			SH	Exercise	Out of cell time (Total min/hrs)	Comments	Medical Staff Sign	OIC Signature
		B	D	S						
08-04-2019	Morn	Y								
08-04-2019	Day		Y							
08-04-2019	Eve			Y						
08-05-2019	Morn	Y								
08-05-2019	Day		Y							
08-05-2019	Eve			Y						
08-06-2019	Morn	Y								
08-06-2019	Day		Y							
08-06-2019	Eve			Y		No				
08-07-2019	Morn	Y								
08-07-2019	Day		Y							
08-07-2019	Eve			Y		No				
08-08-2019	Morn	Y								
08-08-2019	Day		Y							
08-08-2019	Eve			Y						
08-09-2019	Morn	Y								
08-09-2019	Day		Y							
08-09-2019	Eve			Y						
	Morn									
	Day									
	Eve									

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.

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METROPOLITAN CORRECTIONAL CENTER

ATTACHMENT #5

DATE: 8/10/19

BODY ALARM TESTING

ASSIGNED UNIT	BODY ALARM	M/W OFFICER	D/W OFFICER	E/W OFFICER
LOBBY	624			
2 <sup>ND</sup> FL SALLY	626			
UNIT 2 SECRETARY				
UNIT 2 (BA)	601	[REDACTED]	[REDACTED]	[REDACTED]
UNIT 3 (CA)	602			
UNIT 5N (EN)	603			
UNIT 5S (ES)	604			
UNIT 7 SECRETARY				
UNIT 7N (GN)	605			
UNIT 7S (GS)	606			
UNIT 9N (IN)	607			
UNIT 9S (ZA)	608			
UNIT 9S #2	609			
UNIT 9S #3	610			
UNIT 9S #4	611			
UNIT 9S REC				
UNIT 10S (ZB)	612/613	[REDACTED]	[REDACTED]	[REDACTED]
UNIT 11 SECRETARY				
UNIT 11N (KN)	614			
UNIT 11S (KS)	615			
5 VISITING		[REDACTED]	[REDACTED]	[REDACTED]
7 VISITING				
9 VISITING				
11 VISITING				
ATTY CONF ROOM	620			
C.M.S. SECRETARY				
EDUCATION				
R&D	621			
R&D	622			
RECREATION				
SPEC. WATCH 2/3 FL.				
FOOD SERVICE	623			[REDACTED]
DUTY P.A.		[REDACTED]	[REDACTED]	[REDACTED]
UNIT TEAM 2/3 CSP	639	[REDACTED]	[REDACTED]	[REDACTED]
UNIT TEAM 5/7				
UNIT TEAM 9/11				

SIGNATURE: M/W \_\_\_\_\_  
 SIGNATURE: D/W \_\_\_\_\_  
 SIGNATURE: E/W \_\_\_\_\_

Metropolitan Correctional Center  
New York, New York  
DAILY FIRE AND SECURITY INSPECTION REPORT

DATE: 8/10/19

AREA: Control

This form will be originated by the first staff member assigned to an area each day and completed by all subsequently assigned staff. The form will be placed in the Security Inspection Form collection box by the Control Center, or delivered to the Lieutenant's Office each day by staff prior to departing the institution.

SECTION #1

**PURPOSE:** The signature of the designated employee indicates he/she has inspected their area of responsibility and conducted the daily area search, and to the best of their knowledge found the following items or areas to be secure. Any discrepancies are to be noted in section #5 and the appropriate action taken to correct the problem, i.e./ work orders, etc.. Significant findings will be reported to the Lieutenants' Office immediately, and all discrepancies will be noted on a work order.

SECTION #2

BELOW ARE PRIMARY INSPECTION AREAS AND RESPONSIBILITIES:

- |  |  |
|--|--|
| 1. Shadow boards                         | 12. Locking devices & keys               |
| 2. Ceilings, access panels & vents       | 13. Entrances and exits                  |
| 3. Walls, floors, doors frame            | 14. Sentry/computers                     |
| 4. Plumbing accesses and locks           | 15. Fire hazards                         |
| 5. Electric boxes, fixtures & cords      | 16. Tools and equipment                  |
| 6. Security/emergency lights             | 17. Doors                                |
| 7. Storage areas                         | 18. Bars                                 |
| 8. Window casings, glass, frame          | 19. Extinguishers and SCBAs              |
| 9. Manhole covers/drains                 | 20. Telephones                           |
| 10. Utility areas                        | 21. PM Census Check (Note Discrepancies) |
| 11. AM Census Check (Note Discrepancies) |  |

SECTION #3

**AM CENSUS:** \_\_\_\_\_

**Comments and discrepancies:**

**PM CENSUS:** \_\_\_\_\_

**Comments and discrepancies:**

SECTION #4

Daily Area Search	Staff Conducting	Discrepancies Noted

**COMMENTS OR DISCREPANCIES:** \_\_\_\_\_











**Metropolitan Correctional Center**  
New York, New York  
DAILY FIRE AND SECURITY INSPECTION REPORT

Date: 8/9/19

Area: Control #1

This form will be originated by the first staff member assigned to an area each day and completed by all subsequently assigned staff. The form will be placed in the Security Inspection Form collection box by the Control Center, or delivered to the Lieutenant's Office each day by staff prior to departing the institution.

**SECTION #1**

**PURPOSE:** The signature of the designated employee indicates he/she has inspected their area of responsibility and conducted the daily area search, and to the best of their knowledge found the following items or areas to be secure. Any discrepancies are to be noted in section #5 and the appropriate action taken to correct the problem, i.e. / work orders, etc... Significant findings will be reported to the Lieutenants' Office immediately, and all discrepancies will be noted on a work order.

**SECTION #2**

BELOW ARE PRIMARY INSPECTION AREAS AND RESPONSIBILITIES:

- |  |  |
|--|--|
| 1. Shadow boards                         | 12. Locking devices & keys               |
| 2. Ceilings, access panels & vents       | 13. Entrances and exits                  |
| 3. Walls, floors, doors frames           | 14. Sentry/computers                     |
| 4. Plumbing accesses and locks           | 15. Fire hazards                         |
| 5. Electric boxes, fixtures & cords      | 16. Tools and equipment                  |
| 6. Security/emergency lights             | 17. Doors                                |
| 7. Storage areas                         | 18. Bars                                 |
| 8. Window casings, glass, frames         | 19. Extinguishers and SCBAs              |
| 9. Manhole covers/drains                 | 20. Telephones                           |
| 10. Utility areas                        | 21. PM Census Check (Note Discrepancies) |
| 11. AM Census Check (Note Discrepancies) |  |

**SECTION #3**

AM CENSUS: \_\_\_\_\_

Comments and discrepancies: \_\_\_\_\_

PM CENSUS: \_\_\_\_\_

Comments and discrepancies: \_\_\_\_\_

**SECTION #4**

Morning Watch Signature	Day Watch Signature	Evening Watch Signature
[Redacted]		
Daily Area Search	Staff Conducting	Discrepancies Noted

Comments and discrepancies: \_\_\_\_\_













