

QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	OUTCOUNT SECTION										VERIFIY COUNT	COUNT AREA	
		A	F	F	F	F	H	M	R	S	TR			V	OC
		T	N	N	N	S	O	S	&	A	N	I	UO	
		T	J	Y	Y	S		D	N	W	S	TU		
		Y	E	S	P	I	D	I	N	V	T	T		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	10	C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	88	E-N
E-S	86	.	.	.	.	6	.	.	.	.	.	6	80	E-S
G-N	76	.	.	.	.	.	.	.	.	.	.	.	76	G-N
G-S	91	.	.	.	1	.	.	.	.	.	.	1	90	G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	1	0	H-A
I-N	91	.	.	.	.	.	.	.	.	.	.	.	91	I-N
K-N	92	.	.	.	1	.	.	.	.	.	.	1	91	K-N
K-S	137	.	.	.	.	6	.	.	.	.	.	6	131	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	0	R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	5	Z-B
TOTAL	776	1	.	.	2	12	.	.	.	.	.	15	761	

COUNT VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME:

2:58 pm
Lead Verbal: 4:53 pm

Metropolitan Correctional Center

Metropolitan Correctional Center

Metropolitan Correctional Center
Official Count Slip

Unit: 145- Date: 7-23-19
Count: 131- Time: 4:00 PM

Print Name

Signature:

Print Name

Signature:

QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	OUTCOUNT SECTION											VERIFIY COUNT	COUNT AREA
		A	F	F	F	F	H	M	R	S	TR	V			OC
		T	N	N	N	S	O	S	&	A	N	I	UO	
		T	J	Y	Y	S	S	D	N	W	S	TU		
		Y	E	S	P	I	D	I	N	V	T	T		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	10	C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	88	E-N
E-S	86	.	.	.	.	6	.	.	.	.	.	6	80	E-S
G-N	76	.	.	.	.	.	.	.	.	.	.	.	76	G-N
G-S	91	.	.	.	1	.	.	.	.	.	.	1	90	G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	1	0	H-A
I-N	91	.	.	.	.	.	.	.	.	.	.	.	91	I-N
K-N	92	.	.	.	1	.	.	.	.	.	.	1	91	K-N
K-S	137	.	.	.	.	6	.	.	.	.	.	6	131	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	0	R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	5	Z-B
TOTAL	776	1	.	.	2	12	.	.	.	.	.	15		761

COUNT VERIFY

OFFICIAL PREPARING COUNT: *Mawtoya*
 OFFICIAL TAKING COUNT: *[Signature]*
 COUNT CLEARED TIME: *4:59 pm*
 Total Verbal: *4:53 pm*

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/23/19 COUNT TIME: 400pm
 FROM: T Smith LOCATION: F/S
 (Staff Member Preparing Out Count)
 APPROVED: [Signature]
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 79965-054	Thomas	K-S	13.		
2. 70786-050	Brown	E-S	14.		
3. 85410-054	Brown	E-S	15.		
4. 60685-050	Dockery	E-S	16.		
5. 51702-069	Estrada	K-S	17.		
6. 86535-054	Kamara	K-S	18.		
7. 50659-018	Kiak	E-S	19.		
8. 85976-054	Martinez	K-S	20.		
9. 89673-053	Mersey	E-S	21.		
10. 86022-054	Reingard	K-S	22.		
11. 08260-070	Rene	E-S	23.		
12. 85927-054	Romero	K-S	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 6 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 6 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 12

This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

CATEGORY: OCT
ASSIGNMENT: FS

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	70786-050	BROWN	07-23-2019	E08-564U	FS PM
0002		85410-054	BROWN	07-23-2019	E11-581L	FS PM
0003		60685-050	DOCKERY	07-23-2019	E07-549U	FS PM
0004		51702-069	ESTRADA-RODRIGUEZ	07-23-2019	K09-025U	FS PM
0005		86535-054	KAMARA	07-23-2019	K11-053U	FS PM
0006		50659-018	KIRK	07-23-2019	E07-556U	FS PM
0007		85976-054	MARTINEZ	07-23-2019	K09-027U	FS PM
0008		89673-053	MERSEY	07-23-2019	E12-592U	FS PM
						SUICIDE OR
0009		86022-054	REINGOUD	07-23-2019	K12-078U	FS PM
0010		08200-070	RENE	07-23-2019	E09-571U	FS PM
						LAUNDRY 1
0011		85927-054	ROMERO-GRANADOS	07-23-2019	K10-045U	FS PM
0012		79965-054	THOMAS	07-23-2019	K10-044L	FS PM

Date: 07-23-2019

By: J. SMALL
(Staff Member Supervising Inmates)

Approved: _____
(Operations Lieutenant)

REG	LN	FN	QTR
86824-054	FERNANDEZ	LEONARDO	G10-777L
86765-054	CHERRY	ROBERT	K02-116L

B-A ___ C-A ___ E-N ___ E-S ___ G-N ___ G-S 1
 H-A ___ J-N ___ K-N ___ K-S ___ R-A ___ Z-A ___ Z-B ___

Total Out-Counted: 2

This Form must be submitted to the Counts and Assignments Officer FOR FIVE MINUTES PRIOR to the affected count. Prepare this form in ink. Group the inmates according to their respective housing area. This is to be used only as an Out Count.

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-23-2019

Count Time: 4:00 pm

From: J. [REDACTED] *Small*
(Staff Member Supervising Inmates)

Location: FNYS

Approved: *[Signature]*
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
86824-054	FERNANDEZ	LEONARDO	G10-777L
86765-054	CHERRY	ROBERT	K02-116L

B-A ___ C-A ___ E-N ___ E-S ___ G-N ___ G-S 1
H-A ___ I-N ___ K-N 1 K-S ___ R-A ___ Z-A ___ Z-B ___

Total Out-Counted: 2

This Form must be submitted to the Counts and Assignments Officer FORTY-FIVE MINUTES PRIOR
To The affected count. Prepare this form in ink. Group the inmates according to their respective housing
units. This is to be used only as an Out Count.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

*

07-23-2019
15:28:55

CATEGORY: OCT
ASSIGNMENT: ATTY

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	07-23-2019	H01-001L	UNASSG
0002		86824-054	FERNANDEZ	07-23-2019	H10-777L	UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-23-19 COUNT TIME: 4:00pm
 FROM: [Redacted] LOCATION: Atty
 (Staff Member Preparing Out Count)
 APPROVED: [Signature]
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. <u>76318-054</u>	<u>STEIN</u>	<u>H-A</u>	13.		
2.			14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S _____ G-N _____ G-S _____ H-A 1
 I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 1

This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

Metropolitan Correctional Center
Official Count Slip
Unit: KS- Date: 7-23-19
Count: 131- Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

MCC NEW YORK
Official Count Slip
Unit: ZA- Date: 7/23/19
Count: 73- Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: 20- Date: 7-23-19
Count: 5- Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip
Unit: FNYS- Date: 7/23/19
Count: 2- Time: 4:00pm
1. Print Name: _____
1. Signature: _____
2. Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: IN- Date: 7/23/2019
Count: 91- Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA- Date: 7/23/19
Count: 10- Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: BA- Date: 7/23/19
Count: 26- Time: 4:00pm
Print Name: KEY
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: F/S- Date: 7/23/19
Count: 12- Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KW- Date: 7-23-19
Count: 97- Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EN- Date: 7/23/19
Count: 88- Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GS- Date: 7/23/2019
Count: 90- Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GN- Date: 7/23/19
Count: 76- Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ES- Date: 07-23-19
Count: 80- Time: 4:00pm
Print Name: Genzalez
Signature: _____
Print Name: Thomas
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ALG- Date: 7-23-19
Count: 1- Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____