

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											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	T		
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	1	.	.	.	.	.	.	1	.	X	83 E-N
E-S	78	.	.	.	.	3	.	.	.	.	.	3	.	X	75 E-S
G-N	71	.	.	1	.	.	.	.	.	.	1	.	.	X	70 G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	88	2	.	1	.	.	.	.	.	.	.	3	.	X	85 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	.	.	.	1	11	1	.	.	.	.	13	.	X	129 K-S
R-A	2	.	.	.	.	.	.	.	.	.	.	.	.	X	2 R-A
Z-A	78	2	.	.	.	.	.	.	.	.	.	2	.	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	761	4	.	2	2	14	1	.	.	.	.	23	.		738
COUNT VERIFY		X	X	X	X	X									

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 4:54

Metropolitan Correctional Center
 Official Count Slip

Unit: GN Date: 8/1/19

Count: 70 Time: 4:00PM

Print Name: [REDACTED]

Signature: [REDACTED]

Print Name: [REDACTED]

Signature: [REDACTED]

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BUREAU OF PRISONS COUNT SHEET
NEW YORK MCC

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFY COUNT	COUNT AREA			
		A T T Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N	T R W			V I S	O C U O T U	
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	84	.	.	.	1	.	.	.	.	.	.	.	1	X	83	E-N
E-S	78	.	.	.	.	3	.	.	.	.	.	.	3	X	75	E-S
G-N	71	.	.	1	.	.	.	.	.	.	.	.	1	X	70	G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	88	2	.	1	.	.	.	.	.	.	.	.	3	X	85	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	142	.	.	.	1	11	1	.	.	.	.	.	13	X	129	K-S
R-A	2	.	.	.	.	.	.	.	.	.	.	.	.	X	2	R-A
Z-A	78	2	.	.	.	.	.	.	.	.	.	.	2	X	76	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	761	4	.	2	2	14	1	.	.	.	.	.	23	738		

COUNT VERIFY X X X X X

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 454

good verbal 439

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-1-19

COUNT TIME: 4:00pm

FROM: [REDACTED]
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 85771-054	Miller	KS	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 _____
I-N _____ K-N _____ K-S 1 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.

CATEGORY: OCT
ASSIGNMENT: HOSP

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	85771-054	MILLER	08-01-2019	K11-054L	FS AM SUICIDE OR

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

Date: 07-31-2019

Count Time: 4:00 pm

From: S. ANDREA
(Staff Member Supervising Inmates)

Location: FNYE

Approved: [Signature]
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
76539-067	MARRERO	NORMAN	G01-704U
39715-013	WEBSTER	MARK	T01-904L

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

Total Out-Counted: 02

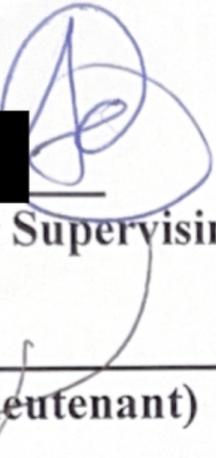
This form must be submitted to the Counts and Assignments Officer FORTY-FIVE MINUTES PRIOR To The affected count. Prepare this form to ink. Group the inmates according to their respective housing units. This is to be used only as an Out Count.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

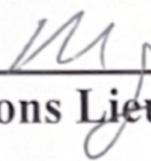
OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-31-2019

Count Time: 4:00 pm

From:  
(Staff Member Supervising Inmates)

Location: FNYE

Approved: 
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
76539-067	MARRERO	NORMAN	G01-704U
39715-013	WEBSTER	MARK	I01-904L

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

Total Out-Counted: 02

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.

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYE FACILITY: NYM
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	76539-067	MARRERO	08-01-2019	G01-704U	UNASSG
0002		39715-013	WEBSTER	08-01-2019	I01-904L	UNASSG

Date: 07-31-2019

Count Time: 4:00 pm

From: B. ANDREA
(Staff Member Supervising Inmates)

Location: FNYS

Approved: _____
DD (Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
66553-054	TAVARES-BR	YIRAN	E03-5170
68253-054	WILLIAMS	KARLIEK	K12-0710

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

Total Out-Counted: 02

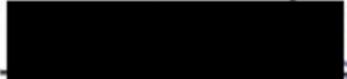
This form must be submitted to the County and Assignment Officer FOURTY-FIVE MINUTES PRIOR To The affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This is to be used only as an Out Count.

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: 07-31-2019

Count Time: 4:00 pm

From:  
(Staff Member Supervising Inmates)

Location: FNYS

Approved: _____
pp (Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
86553-054	TAVARES-BR	YIRAN	E03-517U
68283-054	WILLIAMS	KARLIEK	K12-071U

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

Total Out-Counted: 02

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.

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME OCT DATE QTR WRK
0001 FNYS 86553-054 TAVARES-BRITO 08-01-2019 E03-517U UNASSG
0002 68283-054 WILLIAMS 08-01-2019 K12-071U UNASSG

FROM

T. S. [Signature]
(Staff Member Preparing This Count)

LOCATION

F/S

APPROVED

(Operations Manager)

REG #	NAME	UNIT	REG #	NAME	UNIT
1	79965-023	Thomson	13	79965-023	Thomson
2	01735-007	Walter	14	01735-007	Walter
3			15		
4			16		
5			17		
6			18		
7			19		
8			20		
9			21		
10			22		
11			23		
12			24		

OUT-COUNT BY UNIT

BA _____ CA _____ EN _____ ES 3 GN _____ GS _____ HA _____
HN _____ HV _____ KS 11 LA _____ LA _____ LB _____

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Total Unit-Count: 14

This form must be submitted to the Control and Assignments Officer EVERY FIVE MINUTES FROM the checked 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 forms will be accepted in lieu of the Out-Count Form.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY
OFFICIAL OUT COUNT

DATE: 8/1/19 COUNT TIME: 400 PM
 FROM: [REDACTED] LOCATION: F/S
 (Staff Member Preparing Out Count)
 APPROVED: _____
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 77863-112	Bang	K-S	13. 79965-0521	Thomas	K-S
2. 68683-066	Clark	E-S	14. 01735-007	Sattan	K-S
3. 86764-054	Duncan	K-S	15.		
4. 51702-069	Estrada	K-S	16.		
5. 76161-054	Granados	K-S	17.		
6. 86535-054	Kamara	K-S	18.		
7. 50659-018	Kirk	E-S	19.		
8. 86026-054	Merchant	K-S	20.		
9. 86022-054	Reingoud	K-S	21.		
10. 08200-070	Rene	E-S	22.		
11. 85927-054	Romero	K-S	23.		
12. 79652-054	Thomas	K-S	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 3 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 11 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 14

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	77863-112	BANG	08-01-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-01-2019	E12-593U	FS PM
0003		86764-054	DUNCAN	08-01-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-01-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-01-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-01-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-01-2019	E07-556U	FS PM
0008		86026-054	MERCHANT	08-01-2019	K12-061L	FS PM
0009		86022-054	REINGOUD	08-01-2019	K12-078U	FS PM
0010		08200-070	RENE	08-01-2019	E09-571U	FS PM LAUNDRY 1
0011		85927-054	ROMERO-GRANADOS	08-01-2019	K10-045U	FS PM
0012		01735-007	SATTAN	08-01-2019	K07-001L	FS AM
0013		79652-054	THOMAS	08-01-2019	K08-074U	FS PM
0014		79965-054	THOMAS	08-01-2019	K10-044L	FS PM

Handwritten notes:
71126-054
71313-054
78514-054

Vertical handwritten numbers:
15
16
17
18
19
20
21
22
23
24

OUT-COUNT BY UNIT

Handwritten counts:
E-N _____
K-S _____
E-S _____
K-A _____
G-A _____
Z-A _____
G-S _____
Z-B _____

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Faint footer text:
This form must be submitted to the Census and Assignments Office...
Prepare this form to include the numbers according to their respective housing units...
No other form will be accepted in lieu of the Out-Count form.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-01-19

COUNT TIME: 4:00 pm

FROM: [REDACTED] (unit)

LOCATION: Atty Conf

APPROVED: _____ (Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	91126-053	ARAUJO	IN	13.			
2.	86019-054	Myrie	IN	14.			
3.	76318-054	Epstein	ZA	15.			
4.	78514-054	TARTAGLIONE	ZA	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 _____
 I-N 2 K-N _____ K-S _____ R-A _____ Z-A 2 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 form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
15:50:29

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	91126-053	ARAUJO	08-01-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-01-2019	Z04-206LAD	UNASSG
0003		86019-054	MYRIE	08-01-2019	I03-922U	UNASSG
0004		78514-054	TARTAGLIONE	08-01-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFIY COUNT	COUNT AREA		
		A	F	F	F	F	H	M	R	S	TR	V			OC	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	87	E-N
E-S	78	.	.	.	.	.	1	.	.	.	.	.	1	.	77	E-S
G-N	71	.	.	.	.	.	.	.	.	.	.	.	.	.	71	G-N
G-S	89	.	.	.	.	.	.	.	.	.	.	.	.	.	89	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	1	H-A
I-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	88	I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	90	K-N
K-S	145	.	.	.	.	.	.	.	.	.	.	.	.	.	145	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	0	R-A
Z-A	76	.	.	.	.	.	.	.	.	.	.	.	.	.	76	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	5	Z-B
TOTAL	766	.	.	.	.	.	1	.	.	.	.	.	1	.	765	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 10:55 pm

Good Verbal: 10:51 P.M. Jy

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date: 8/1/19

Count: 1 Time: 10:00 pm

Print Name: [REDACTED]

Signature: [REDACTED]

Print Name: [REDACTED]

Signature: [REDACTED]

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFIY COUNT	COUNT AREA		
		A T T Y	F N J	F N Y	F N S	F H S	H O S	M S	R & D	S A N I	T R W D	V I S I			O C U O T U N T	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	78	.	.	.	.	1	.	.	.	.	.	.	1	.	X	77 E-S
G-N	71	.	.	.	.	.	.	.	.	.	.	.	.	.	X	71 G-N
G-S	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	145	.	.	.	.	.	.	.	.	.	.	.	.	.	X	145 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	76	.	.	.	.	.	.	.	.	.	.	.	.	.	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	766	.	.	.	.	1	.	.	.	.	.	.	1	.		765

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 10:55 PM

Good Verbal: 10:51 P.M. y

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/11/19

COUNT TIME: 10:00 pm

FROM: [REDACTED]
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78359-053 TISPANE	SS	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 1 G-N _____ G-S _____ H-A _____
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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
21:21:22

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: HOSP

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	78359-053	TISDALE	08-01-2019	E11-581U	EDUCATION SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED