

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

O U T C O U N T S E C T I O N

A F F F F H M R S T R V O C
T N N N S O S & A N I U O
T J Y Y S S D N W S T U
Y E S P I D I N V E R I F Y C O U N T
A R E A C E N S U S V T T C O U N T C O U N T A R E A

B-A	26	.	.	.	.	.	.	.	.	.	.	.	26	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	10	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	87	87	E-N
E-S	78	.	.	.	.	1	.	.	.	.	.	1	77	77	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	78	78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	82	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	1	1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	87	87	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	89	89	K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	142	142	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	0	0	R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	77	77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	5	5	Z-B
TOTAL	762	.	.	.	.	1	.	.	.	.	.	1		761	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 10:37pm [Signature]

Metropolitan Correctional Center
 Metropolitan Correctional Center
 Metropolitan Correctional Center
**Metropolitan Correctional Center
 Official Count Slip**

Unit GN ✓ Date 8.4.19 ✓
 Count: 78 ✓ Time: 10:00 ✓
 Print Name: Marrugo ✓
 Signature: [REDACTED] ✓
 Print Name: [REDACTED] ✓
 Signature: [REDACTED] ✓

10:33pm

Metropolitan Correctional Center
Official Count Slip

Unit: EN ✓ Date: 8.4.19 ✓

Count: 78 ✓ Time: 10:00pm ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Metropolitan Correctional Center
Official Count Slip

Unit: GS ✓ Date: 8/4/2019 ✓

Count: 82 ✓ Time: 10:00pm ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp ✓ Date: 8.4.19 ✓

Count: 1 ✓ Time: 10:00pm ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Metropolitan Correctional Center
Official Count Slip

Unit: EN ✓ Date: 8/4/19 ✓

Count: 87 ✓ Time: 10:00 ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Metropolitan Correctional Center
Official Count Slip

Unit: CA ✓ Date: 8/4/19 ✓

Count: 10 ✓ Time: 1000pm ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Metropolitan Correctional Center
Official Count Slip

Unit: BA ✓ Date: 8.4.19 ✓

Count: 26 ✓ Time: 11:00pm ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Metropolitan Correctional Center
Official Count Slip

Unit: ES ✓ Date: 08/04/2019 ✓

Count: 77 ✓ Time: 10:00PM ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Metropolitan Correctional Center
Official Count Slip

Unit: 2A ✓ Date: 8/4/19 ✓

Count: 77 ✓ Time: 10:00 ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Print Name: Noel ✓

Signature: [Redacted] ✓

Metropolitan Correctional Center
Official Count Slip

Unit: 2B ✓ Date: 8/4/19 ✓

Count: 5 ✓ Time: 10pm ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Metropolitan Correctional Center
Official Count Slip

Unit: KS ✓ Date: 08/04/2019 ✓

Count: 142 ✓ Time: 10pm ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Metropolitan Correctional Center
Official Count Slip

Unit: IN ✓ Date: 8/4/19 ✓

Count: 87 ✓ Time: 10 P.M. ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Metropolitan Correctional Center
Official Count Slip

Unit: KN ✓ Date: 08/04 ✓

Count: 89 ✓ Time: 10:00 ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Print Name: [Redacted] ✓

Signature: [Redacted] ✓

Metropolitan Correctional Center
Official Count Slip

Unit: HA ✓ Date: 8.4.19 ✓

Count: 1 ✓ Time: 10:00pm ✓

Print Name: K. Richardson ✓

Signature: [Signature] ✓

Print Name: RICHARDSON ✓

Signature: [Redacted] ✓

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	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	T		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	26	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	10	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	87	87 E-N
E-S	78	.	.	.	.	.	1	.	.	.	.	.	1	77	77 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	78	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	82	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	1	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	87	87 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	89	89 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	142	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	0	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	77	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	5	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1		761

COUNT VERIFY

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

10:37pm

10:33pm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08/04/2019

COUNT TIME: 10:00PM

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

LOCATION: HOSP

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-053	MERSEY ES	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.

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 N W	V I S I			OC UO TU 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	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	1	.	.	2	.	.	.	.	.	.	3	.	.	X	84 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	1	.	.	11	1	.	.	.	.	.	13	.	.	X	129 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	1	.	.	.	.	.	.	.	.	.	1	.	.	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	3	.	.	13	1	.	.	.	.	.	17	.	.		745

COUNT
VERIFIY

~~X~~ ~~X~~

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:47 PM

444 pm

Metropolitan Correctional Center
Official Count Slip

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: F/S Date: 8/4/19
Count: 13 Time: 4:00 PM

1. Print Name: [REDACTED]
1. Signature: [REDACTED]
2. Print Name: [REDACTED]
2. Signature: [REDACTED]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: F/S Date: 8/4/19
Count: 13 Time: 4:00PM

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date: 8-4-2019
Count: 78 Time: 4:00PM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date: 8-4-19
Count: 5 Time: 4:00pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/4/19
Count: 84 Time: 4:00

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08/04/2019
Count: 78 Time: 4:00PM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/4/2019
Count: 82 Time: 4:00PM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8/4/19
Count: 87 Time: 4:00PM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8-4-19
Count: 129 Time: 4:00

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/4/19
Count: 76 Time: 4:00

Print Name: Noel
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 08/04/2019
Count: 1 Time: 4:00pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 08/04/2019
Count: 26 Time: 4:00pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 08/04/2019
Count: 89 Time: 4:00

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 08/04/2019
Count: 1 Time: 4:00pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8-4-19
Count: 10 Time: 4:00pm

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											VERIFY 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	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	.	.	.	.	.	.	.	.	.	.	.	.	X	78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	1	.	.	.	2	.	.	.	.	.	.	3	X	84	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	142	1	.	.	.	11	1	.	.	.	.	.	13	X	129	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	77	1	.	.	.	.	.	.	.	.	.	.	1	X	76	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	762	3	.	.	.	13	1	.	.	.	.	.	17		745	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 4:57 pm

60 444 pm

METROPOLITAN CORRECTIONAL CENTER

NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-4-19

COUNT TIME: 4 PM

FROM: [Redacted] (Staff Member Preparing/Out Count)

LOCATION: Hosp

APPROVED: [Signature] (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85377-054	Webber 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 85377-054 WEBER 08-04-2019 K12-078L SUICIDE OR UNASSG

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
1	HOSP	85377-054	WEBER	08-04-2019	K12-078L	SUICIDE OR UNASSG
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/04/2019

TIME: 4:00PM

FROM: [REDACTED]
Staff Supervising Out-Count

LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	79965-054	THOMAS	KS	21			
2	77863-112	BANG	KS	22			
3	76161-054	GRANADOS	KS	23			
4	86764-054	DUNCAN	KS	24			
5	51702-069	ESTRADA	KS	25			
6	86026-054	MERCHANT	KS	26			
7	86022-054	REINGOLD	KS	27			
8	85976-054	MARTINEZ	KS	28			
9	86535-054	KAMARA	KS	29			
10	85927-054	ROMERO	KS	30			
11	79652-054	THOMAS	KS	31			
12	79339-054	MEDINA	IN	32			
13	78841-054	ROMERO	IN	33			
14				34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS
BY UNIT:

B-A _____
C-A _____
E-N _____
E-S _____

G-N _____
G-S _____
I-N 2
K-S 11

K-N _____ H-A _____
Z-A _____
Z-B _____
R-A _____

TOTAL ON OUT COUNT: 13

[Signature]
Approving Operations Lieutenant

Out-counts will be submitted at a minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

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	08-04-2019	K12-062U	FS PM SUICIDE OR
0002		86764-054	DUNCAN	08-04-2019	K12-065U	FS PM SUICIDE OR
0003		51702-069	ESTRADA-RODRIGUEZ	08-04-2019	K09-025U	FS PM
0004		76161-054	GRANADOS-CORONA	08-04-2019	K07-007L	FS PM
0005		86535-054	KAMARA	08-04-2019	K11-053U	FS PM
0006		85976-054	MARTINEZ	08-04-2019	K09-027U	FS PM
0007		79339-054	MEDINA	08-04-2019	I03-924L	UNIT 9NFS
0008		86026-054	MERCHANT	08-04-2019	K12-061L	FS PM
0009		86022-054	REINGOUD	08-04-2019	K12-078U	FS PM
0010		78841-054	ROMERO	08-04-2019	I03-923U	UNIT 9NFS
0011		85927-054	ROMERO-GRANADOS	08-04-2019	K10-045U	FS PM
0012		79652-054	THOMAS	08-04-2019	K08-074U	FS PM
0013		79965-054	THOMAS	08-04-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/4/19

COUNT TIME: 4:00pm

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

LOCATION: Atty CONF

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	EPSTEIN 2A	13.		
2.	76156-054	DIAS-MORL KS	14.		
3.	91126-053	ARAUJO IN	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 1 K-N K-S 1 R-A Z-A 1 Z-B

Total Out-Counted: 3

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: 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	08-04-2019	I04-930U	UNASSG
0002		76156-054	DIAZ-MORALEZ	08-04-2019	K09-030U	UNASSG
0003		76318-054	EPSTEIN	08-04-2019	Z04-206LAD	UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

