

COUNT AREA	CENSUS	OUTCOUNT SECTION											VERIF 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 W I D V	T R N W S I D V	V I S I T			OC UO TU N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	/	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	/	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	/	87 E-N
E-S	85	.	.	.	.	.	1	.	.	.	.	.	1	.	/	84 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	/	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	/	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	/	1 H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	.	/	93 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	/	89 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	/	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	/	0 R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	.	/	72 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	/	5 Z-B
TOTAL	767	.	.	.	.	.	1	.	.	.	.	.	1	.		766

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 12:01 AM

Count verbal: 12:01 AM

Metropolitan Correctional Center
Metropolitan Correctional Center
Official Count-Slip

Unit: ES Date: 7/27/19
Count: 84 Time: 12:01 AM

Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 7/27/19
Count: 84 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: SO
Signature: SO

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 7-27-19
Count: 26 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: IV Date: 7/27/2019
Count: 93 Time: 12:01
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 7-27-19
Count: 1 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 7/27/19
Count: 87 Time: 12:01
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 7/27/2019
Count: 91 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 7-27-19
Count: 1 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 7/27/19
Count: 10 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 7/27/19
Count: 70 Time: 12 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 7/27/19
Count: 89 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 7/27/19
Count: 12 Time: 12:01 AM
Print Name: M. Thomas
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 7-27-19
Count: 5 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: Adel
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 7-27-19
Count: 138 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-27-19

COUNT TIME: 12⁰' AM

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78359-053 [Redacted] le	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.

BUREAU OF PRISONS COUNT SHEET
NEW YORK MCC

* 07-27-2019
* 02:46:28

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				
		Y	J	Y	Y	S	P		D	I	W	S	TU				
				E	S						V	I	N				
											T	T	T				
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	87 E-N
E-S	85	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	85 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1 H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	93 I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	.	.	.	.	1	88 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0 R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	72 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	5 Z-B
TOTAL	767	.	.	.	.	.	1	.	.	.	.	.	.	.	.	1	766

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 3:33 AM

GOOD VERBAL: 3:27 AM

Metropolitan Correctional Center

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7-27-19

Count: 26 Time: 3:00 AM

Print Name: [REDACTED]

Signature: [REDACTED]

Print Name: [REDACTED]

Signature: [REDACTED]

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 7-27-19
Count: 26 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 7-27-19
Count: 93 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 7/27/2019
Count: 91 Time: 3:00 AM
Print Name: Eckel
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 7/27/19
Count: 72 Time: 3:00 AM
Print Name: M. Thomas
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 7/27/19
Count: 70 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 7/27/19
Count: 87 Time: 3:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 7-27-19
Count: 1 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 7-2
Count: 1 Time: _____
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 7/27/19
Count: 85 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: K-S Date: 7-27-19
Count: 138 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 7/27/19
Count: 10 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 7
Count: 88 Time: _____
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 7-27-19
Count: 5 Time: 3:00 AM
Print Name: Noel
Signature: _____
Print Name: _____
Signature: _____

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/27/19

COUNT TIME: 3 A.M.

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

LOCATION: 11 North

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76256-054	Davila, Armando	KN	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 1 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.

* NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-27-2019
04:08:21

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	76256-054	DAVILA	07-27-2019	K05-133U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

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	S	D	N	W	S	TU	N		
		Y	E	S	S	P	I	D	I	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	85	.	.	.	.	.	.	.	.	.	.	.	.	X	85 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	X	93 I-N
K-N	89	.	.	.	.	1	.	.	.	.	.	1	.	X	88 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	X	72 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	767	.	.	.	.	1	.	.	.	.	.	1	.		766

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:27 AM

Metropolitan Correctional Center

Metropolitan Correctional Center
Official Count Slip

Unit: ES

Date: 7/27/19

Count: 85

Time: 5:00 AM

Print Name: [REDACTED]

Signature: [REDACTED]

Print Name: [REDACTED]

Signature: [REDACTED]

Good receipt:
5:25 AM

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 7/27/19
Count: 85 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: S/
Signature: S/

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 7-27-19
Count: 1 Time: 5:00A
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: TN Date: 7-27-19
Count: 93
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 7-27-19
Count: 26 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 7/27/19
Count: 87 Time: 5:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 7/27/2019
Count: 91 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 7/27/19
Count: 70
Print Name: 10
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 7/27/19
Count: 10 Time: 5:00
Print Name: _____
Signature: _____
Print Name: S/O/S Hawkins
Signature: S/O/S Hawkins

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 7-27-19
Count: _____ Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 7-27-2019
Count: 5 Time: 5:00am
Print Name: Noel
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 7/27/19
Count: 72 Time: 5:00AM
Print Name: M. Thomas
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: K-S Date: 7-27-19
Count: 130
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 7/27/19
Count: 88 Time: 5.A.M.
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/27/19

COUNT TIME: 5:00 AM

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

LOCATION: 11 NORTH

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76256-054	DANILA	KN	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 1 _____ 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.

NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-27-2019
04:08:21

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	76256-054	DAVILA	07-27-2019	K05-133U	SUICIDE OR 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
		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	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	85	.	.	.	.	4	.	.	.	.	1	5	.	X	80 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	1	.	X	0 H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	X	93 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	138	.	.	.	.	16	.	.	.	.	.	16	.	X	122 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	72	1	.	.	.	.	.	.	.	.	.	1	.	X	71 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	767	2	.	.	.	20	.	.	.	.	.	1	23		744

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 10:32A

GV

10:21A

Metropolitan Correctional Center
Official Count Slip

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7-27-19
Count: 10 Time: 10:00 AM
Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7-27-19

Count: 10 Time: 10:00 Am

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7/27/19

Count: 70 Time: 10 A.M.

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/27/2019

Count: 89 Time: 10:00 am

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/27/19

Count: 25 Time: 10 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date 7/27/2019

Count: 20 Time: 10:00 am

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

Metropolitan Correctional Center
Official Count Slip

Unit: Ally Date 7-27-19

Count: 2 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: S Visiting Date 7-27-19

Count: 1 Time: 10:00 am

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date 7/27/19

Count: 71 Time: 10:00 am

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date 7-27-19

Count: 5 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 7-27-19

Count: 122 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: I-N Date 7-27-19

Count: 93 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 7/27/2019

Count: 91 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 07/27/2019

Count: 87 Time: 10:00 am

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 07/27/2019

Count: 80 Time: 10:00 am

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

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

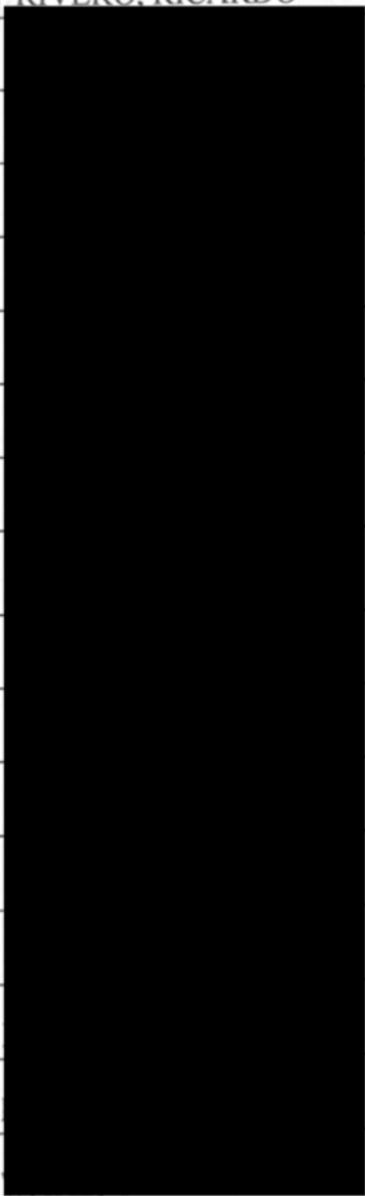
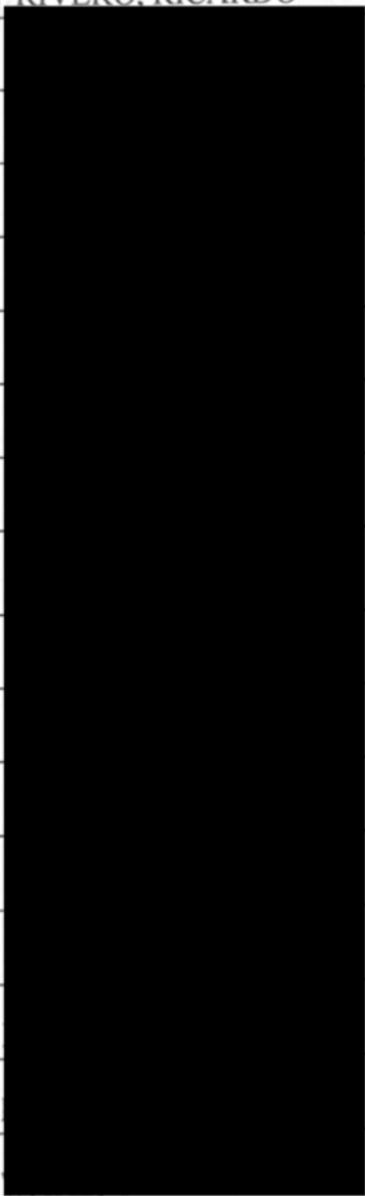
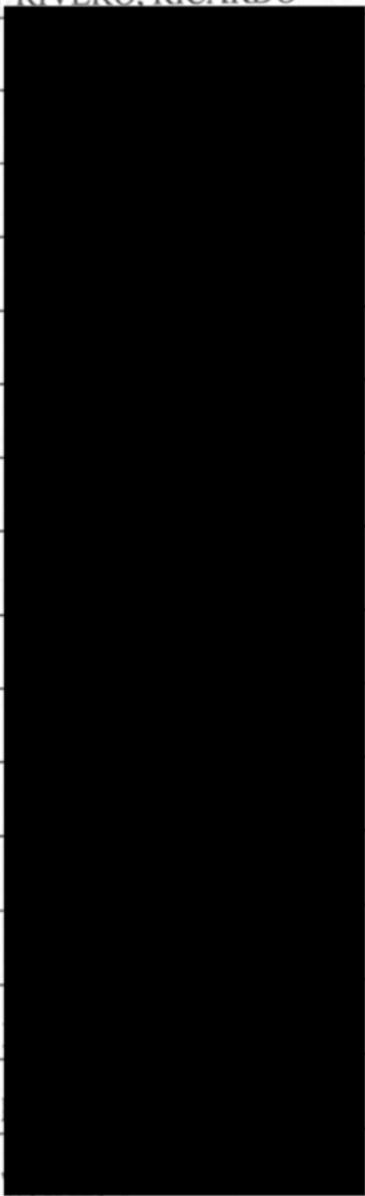
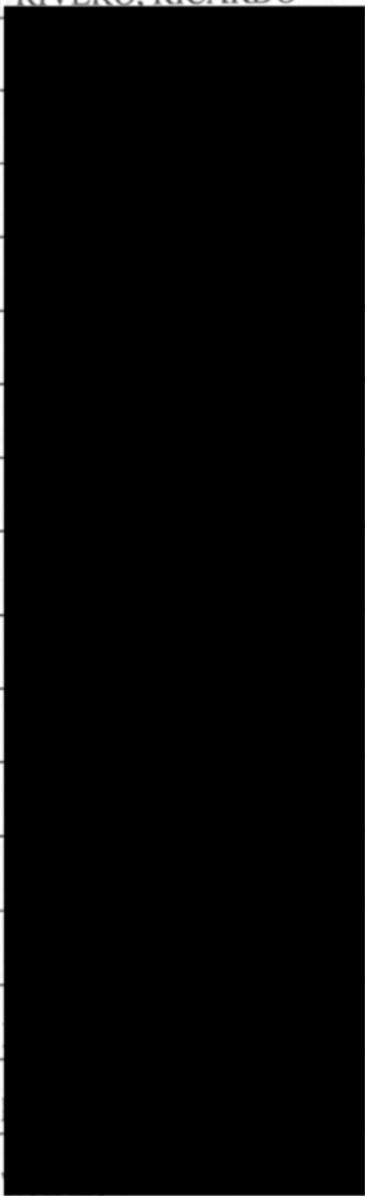
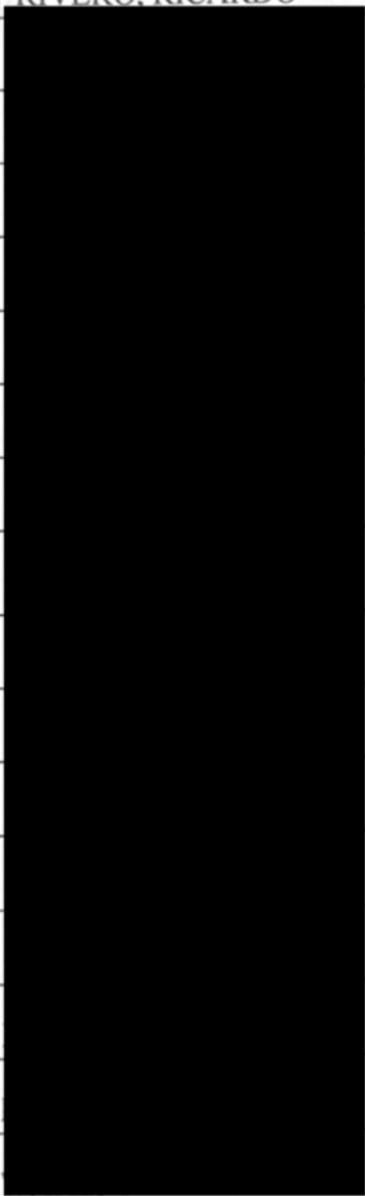
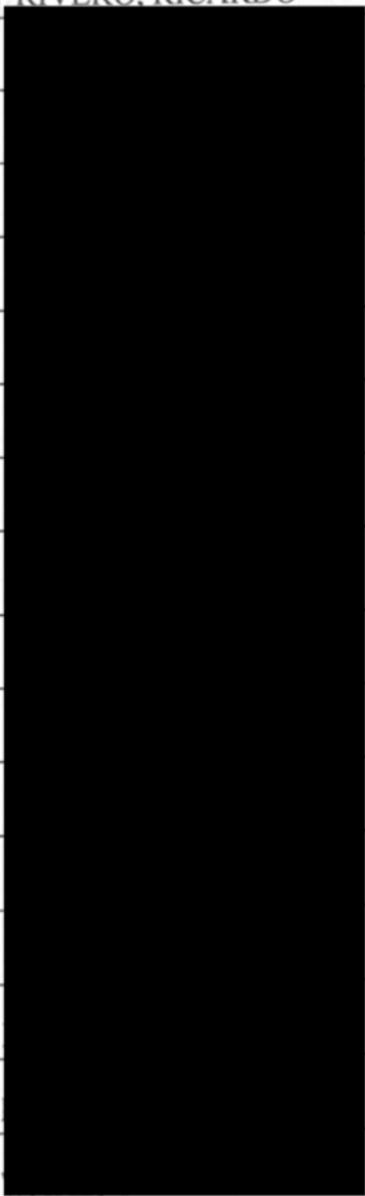
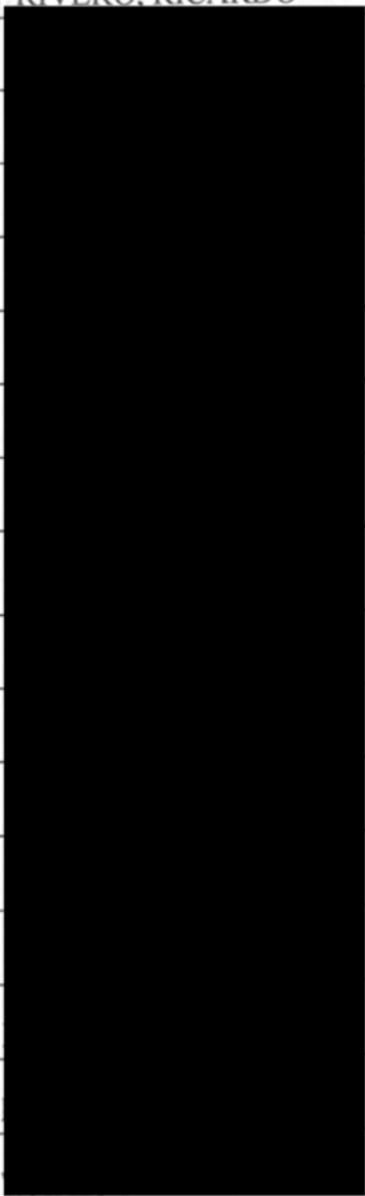
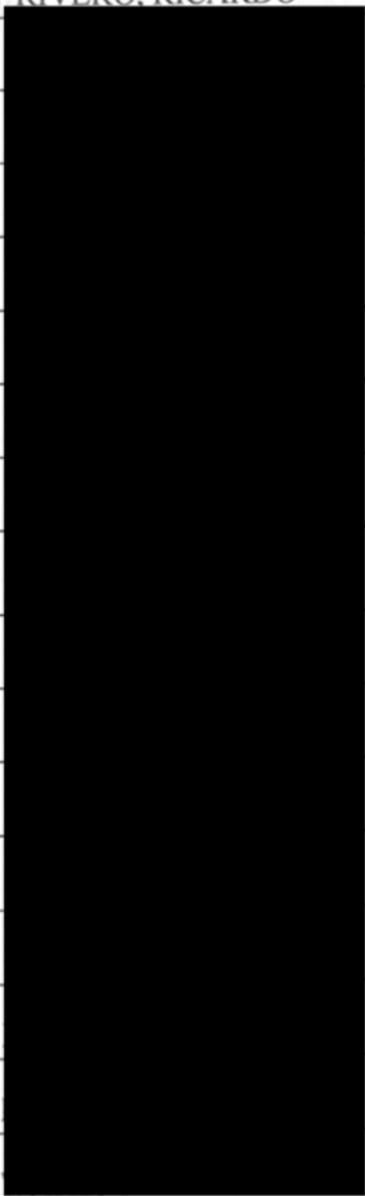
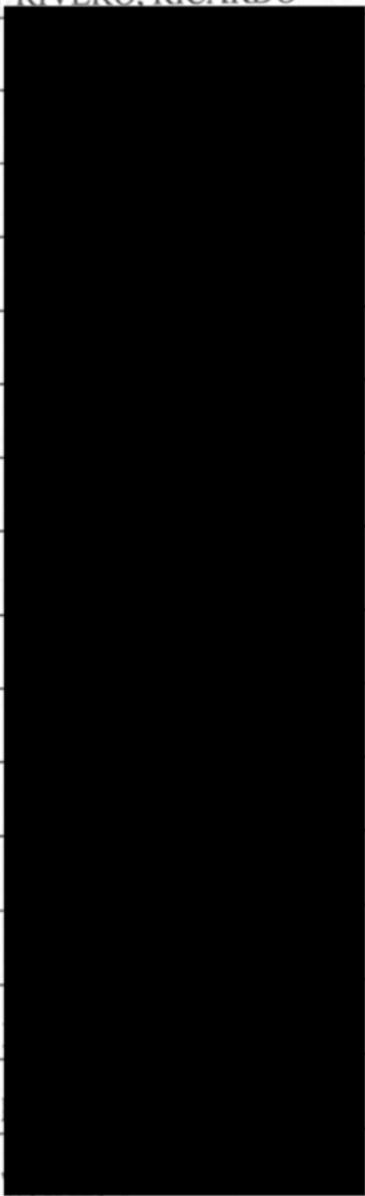
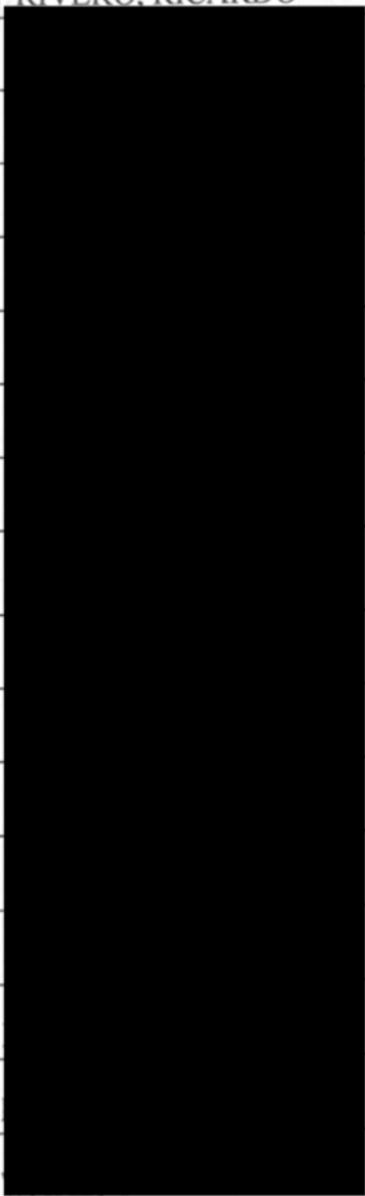
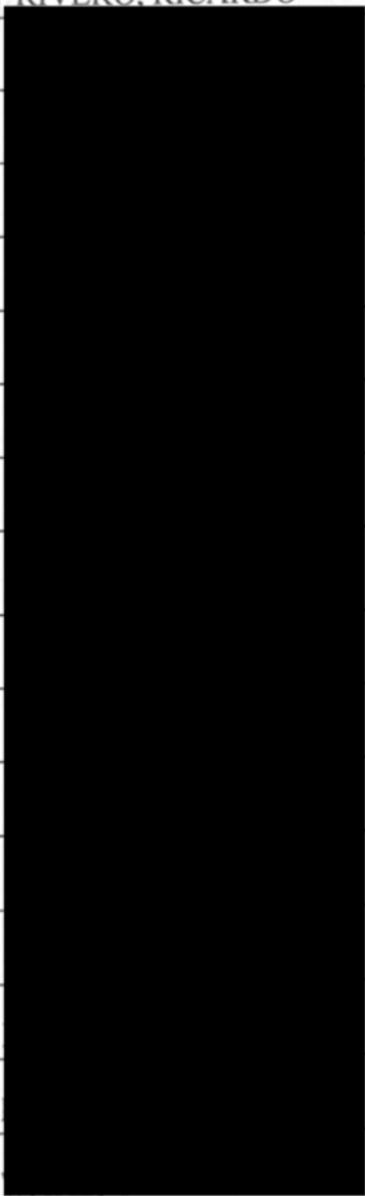
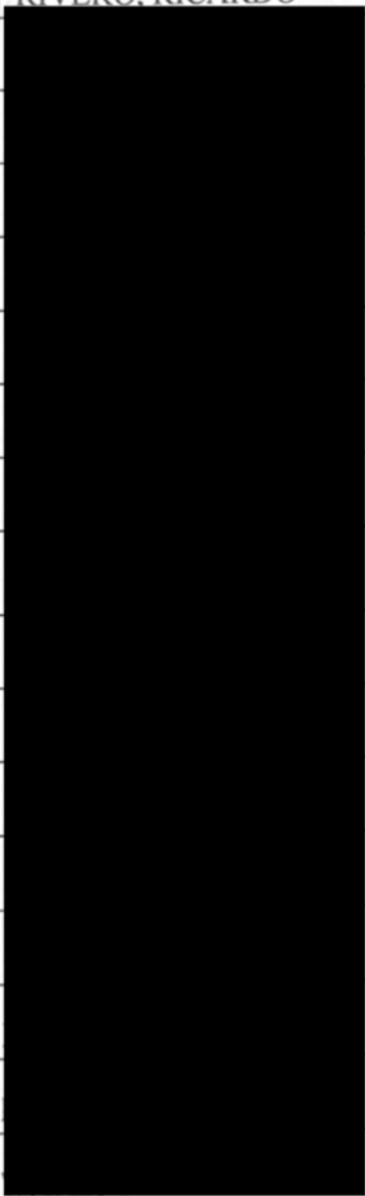
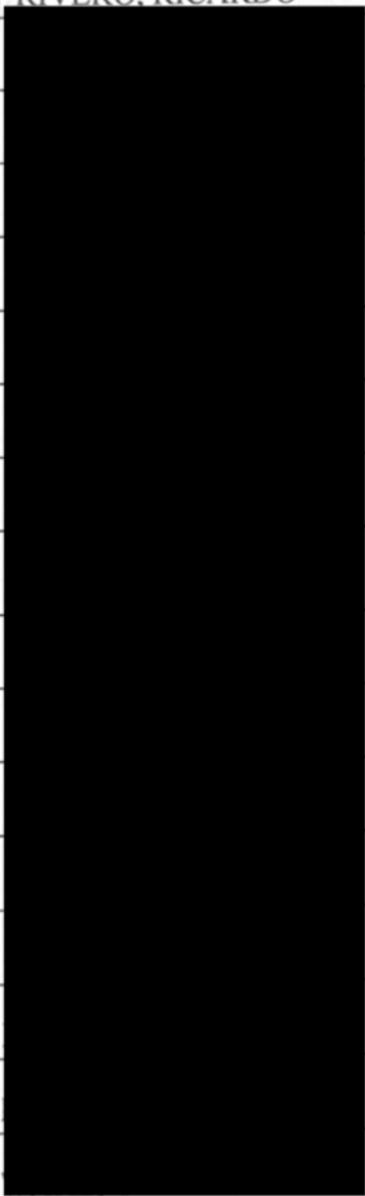
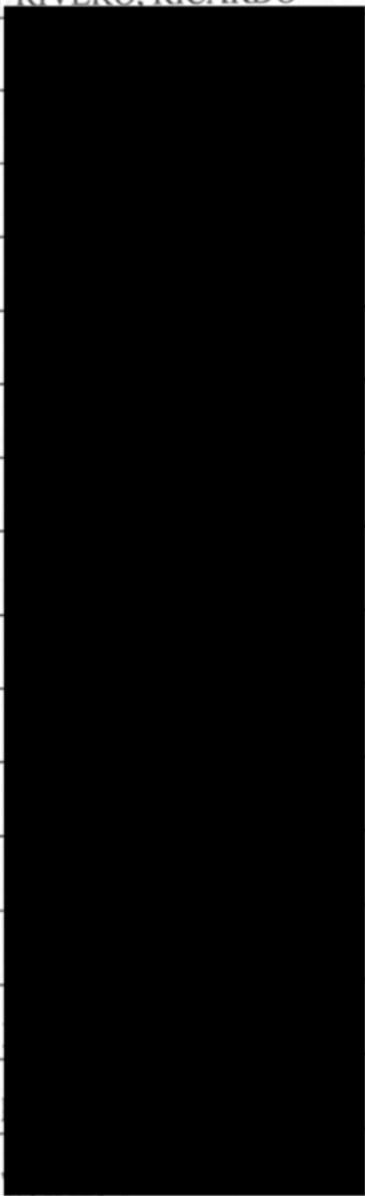
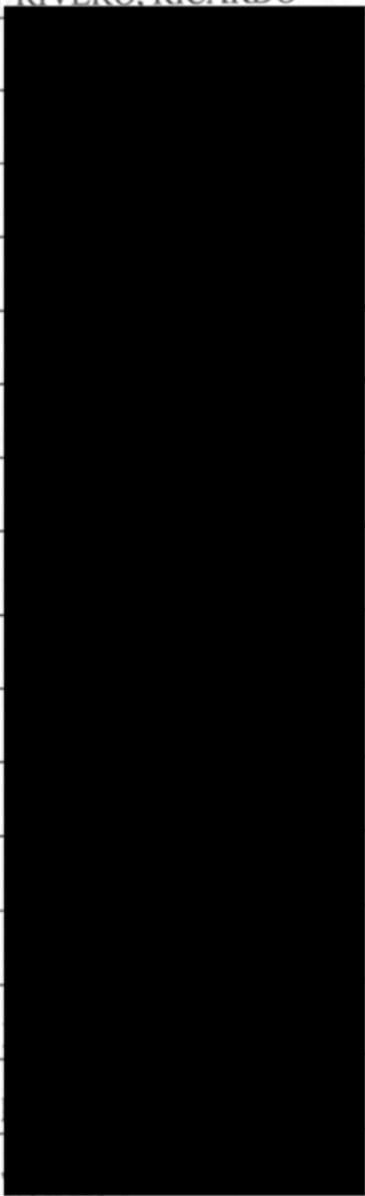
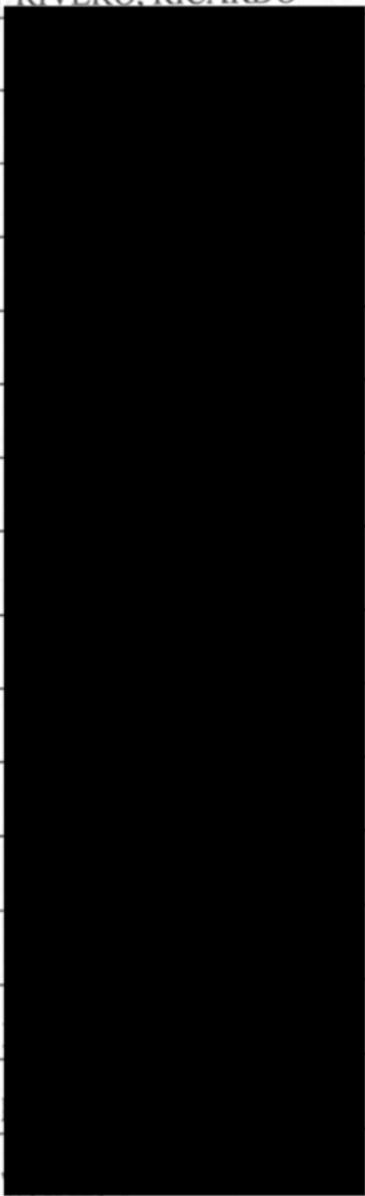
Date: 07/27/2019

Time 10:00 AM

Location: F/S

Staff supervising count: 

Operations Lieutenant's Approval

REG. NO.	LAST NAME/ FIRST	UNIT	REG. NO.	NAME	UNIT
79196-054	K 	K 			
0 	M  C	KS			
86074-054	O 	KS			
79752-054	RIVERA, RICARDO	KS			
76149-054		KS			
85771-054		KS			
86024-054		KS			
85571-054		KS			
11714-052		KS			
01735-007		KS			
61876-054		KS			
06303-082		KS			
41682-054		KS			
29116-379		KS			
90649-054		KS			
24772-057		KS			
15657-179		ES			
57297-083		ES			
79793-054		ES			
63274-037		ES			

Total Count For Department: 20

B-A _____ C-A _____ E-N _____ E-S 4 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 16 R-A _____ Z-A _____ Z-B _____

This form must be submitted to the Counts and Assignments Officer **FORTY FIVE MINUTES PRIOR to the affected count. Prepare this form in ink and group the inmates by respective floors. This is not a count slip, but an 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	29116-379		07-27-2019	K09-026L	FS PM
0002		57297-083		07-27-2019	E12-593U	FS AM
0003		41682-054		07-27-2019	K07-002U	FS AM
0004		79793-054		07-27-2019	E07-554U	FS AM
0005		15657-179		07-27-2019	E10-579L	WAREHOUSE
0006		61876-054		07-27-2019	K11-053U	FS AM
0007		79196-054		07-27-2019	K07-008L	FS AM
0008		01558-112		07-27-2019	K08-016L	FS AM
0009		85771-054		07-27-2019	K11-054L	FS AM
						SUICIDE OR
0010		86024-054		07-27-2019	K08-074L	FS AM
0011		86074-054		07-27-2019	K08-020L	FS AM
0012		90649-054		07-27-2019	K09-031L	FS PM
0013		76149-054		07-27-2019	K08-014L	FS AM
0014		06303-082		07-27-2019	K11-055U	FS AM
0015		79752-054		07-27-2019	K08-019U	FS AM
0016		85571-054		07-27-2019	K08-020U	FS AM
0017		01735-007		07-27-2019	K07-001L	FS AM
0018		11714-052		07-27-2019	K11-052L	FS AM
0019		24772-057		07-27-2019	K08-024L	FS PM
0020		63274-037		07-27-2019	E11-587U	FS AM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMCO 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-27-2019
09:31:52

CATEGORY: OCT
ASSIGNMENT: VISIT

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	VISIT	21066-014	██████████	07-27-2019	E08-564U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

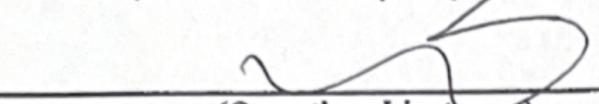
OFFICIAL OUT COUNT

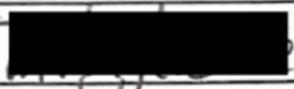
DATE: 7-27-19

COUNT TIME: 10:00 AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Atty

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78514-054	 ZA	13.		
2.	76318-054	EPSTEIN HA	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 1 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.

NYMCO 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-27-2019
09:35:37

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

CATEGORY: OCT
ASSIGNMENT: ATTY
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	07-27-2019	H01-001L	UNASSG
0002		78514-054	[REDACTED]	07-27-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED