

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 Y	F S	H O S	M S	R &	S A N D I	T R V W S D I V			V O U T U N T	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	87 E-N
E-S	85	.	.	.	.	3	1	.	.	.	.	.	4	<del>X</del>	81 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	91 G-S
H-A	2	1	.	.	.	.	.	.	.	.	.	.	1	<del>X</del>	1 H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	93 I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	88 K-N
K-S	137	1	.	.	.	8	.	.	.	.	.	.	9	<del>X</del>	128 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	767	2	.	.	.	11	1	.	.	.	.	.	14		753

COUNT  
VERIFIY

~~X~~ ~~X~~ ~~X~~

OFFICIAL PREPARING COUNT  
OFFICIAL TAKING COUNT  
COUNT CLEARED TIME



Good Verbal: 4:36  
12m





METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/28/2019

COUNT TIME: 4:00pm

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

LOCATION: HOSP

APPROVED: [Redacted]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 90370-053	[Redacted]	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.

NYMAQ 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 07-28-2019  
15:52:54

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	90370-053	██████████	07-28-2019	E10-573L	EDUCATION SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/28/19

COUNT TIME: 4:00pm

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

LOCATION: Att'y Conf

APPROVED: [REDACTED]  
(Tenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 85942-054	[REDACTED]	KS	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 1 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 form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMAQ 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 07-28-2019  
15:51:21

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	85942-054	[REDACTED]	07-28-2019	K10-046L	UNASSG
0002		76318-054	EPSTEIN	07-28-2019	H01-001L	UNASSG

G0000      TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: ZB - Date: 7-28-19 -  
Count: 5 - Time: 4:00 PM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: FS - Date: 7/28/19  
Count: 11 - Time: 9:00 PM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: A117 - Date: 7-28-19 -  
Count: 2 - Time: 4:00 PM

1. Print Name: \_\_\_\_\_  
1. Signature: \_\_\_\_\_  
2. Print Name: \_\_\_\_\_  
2. Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: GS - Date: 7/28/2019 -  
Count: 91 - Time: 4:00 PM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ES - Date: 07/28/2019  
Count: 8 - Time: 4:00 PM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: Z1 - Date: 7/28/19 -  
Count: 73 - Time: 4:00 PM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KS - Date: 7-28-19 -  
Count: 128 - Time: 4:00 PM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KN - Date: 7-28-19 -  
Count: 51 - Time: 4:00 PM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: G-N - Date: 7-28-19 -  
Count: 70 - Time: 4:00 PM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: IN - Date 7/28/19 -  
Count: 93 - Time: 4:00pm

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: B-A - Date 7/28/19 -  
Count: 26 - Time: 4:00pm

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: FN - Date 7/28/19 -  
Count: 87 - Time: 4:00

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: CA - Date 7-28-19 -  
Count: 10 - Time: 4:00pm

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP - Date 7/28/19 -  
Count: 1 - Time: 4:00pm

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: H-A - Date 7/28/19 -  
Count: 1 - Time: 4:00pm

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_