


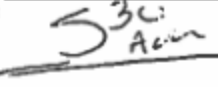
BUREAU OF PRISONS COUNT SHEET  
NEW YORK MCC  
QTRG EQ \*\*\*\* OCTG EQ \*\*\*\*

\* 08-10-2019  
\* 01:20:48

7-14-21

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											OC UO TU N T	VERIFIY COUNT	COUNT AREA		
		A T T Y	F N J	F N Y	F N Y	F N S	H O S	M S	R & D	S A N I	T R N W	V I S I					
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	83	.	.	.	.	.	2	.	.	.	.	.	.	2	.	<del>X</del>	81 E-N
E-S	79	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	79 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	78 G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	88 G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	4 H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	86 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	89 K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	.	2	.	<del>X</del>	135 K-S
R-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	1 R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	72 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	.	.	4	.		754

COUNT VERIFY

OFFICIAL PREPARING COUNT:   
OFFICIAL TAKING COUNT:   
COUNT CLEARED TIME: 5:30 AM



5:29 AM

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 08/10/2019

COUNT TIME: 0500 Am

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

LOCATION: Hosp

APPROVED: [Redacted]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[Redacted]	KS	13.		
2.	[Redacted]	KS	14.		
3.	[Redacted]	SN	15.		
4.	[Redacted]	SN	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 2 E-S \_\_\_\_\_ G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
 I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S 2 R-A \_\_\_\_\_ Z-A \_\_\_\_\_ Z-B \_\_\_\_\_

Total Out-Counted: 4

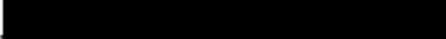
This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count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

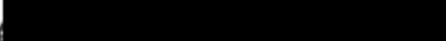


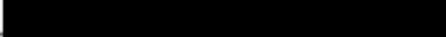
Metropolitan Correctional Center  
Official Count Slip

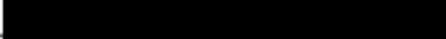
Unit: ZA Date: 8.10.2019

Count: 72 Time: 5:00 am

Print Name: 

Signature: 

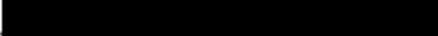
Print Name: 

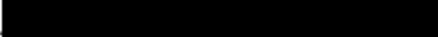
Signature: 

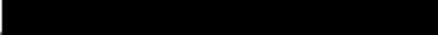
Metropolitan Correctional Center  
Official Count Slip

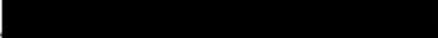
Unit: BA Date: 8-10-19

Count: 26 Time: 5:00 AM

Print Name: 

Signature: 

Print Name: 

Signature: 

**Metropolitan Correctional Center  
Official Count Slip**

Unit: CA Date: 8/10/19

Count: 10 Time: 5:00<sup>pm</sup>

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**Metropolitan Correctional Center  
Official Count Slip**

Unit: HOSP Date: 8/10/19


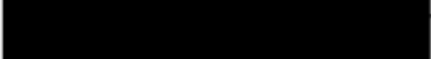
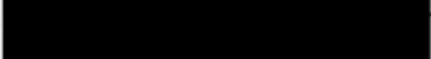

Count: 4 Time: 5:00<sup>pm</sup>


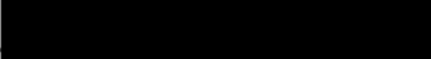
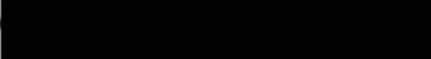
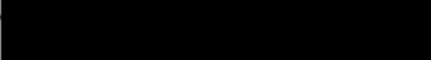
Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Metropolitan Correctional Center Official Count Slip	
Unit: <u>EN</u>	Date: <u>08-10-2019</u>
Count: <u>81</u>	Time: <u>5:00 A.M.</u>
Print Name:	
Signature:	
Print Name:	
Signature:	

Metropolitan Correctional Center Official Count Slip	
Unit: <u>ES</u>	Date: <u>8/10/19</u>
Count: <u>79</u>	Time: <u>5<sup>00</sup>AM</u>
Print Name:	
Signature:	
Print Name:	
Signature:	

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

Unit: GN                      Date: 8/10/19  
Count: 78                      Time: 5:00am

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

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

Unit: G-5                      Date: 08/10/19  
Count: 88                      Time: 0500

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


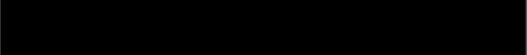
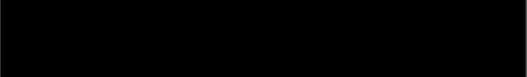
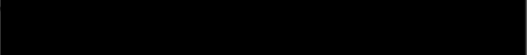
**Metropolitan Correctional Center  
Official Count Slip**

Unit: HA Date: 8-10-19  
Count: 4 Time: 5:00AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_


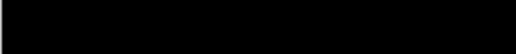
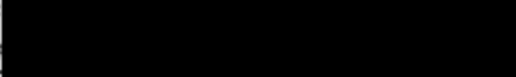

**Metropolitan Correctional Center  
Official Count Slip**

Unit: IN Date: 8/10/19  
Count: 26 Time: 5:00 AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Metropolitan Correctional Center  
Official Count Slip**

Unit: KN Date: 8/10/19  
Count: 89 Time: 500AM  
Print Name:   
Signature:   
Print Name:   
Signature: 

**Metropolitan Correctional Center  
Official Count Slip**

Unit: KS Date: 8/10/2019  
Count: 135 Time: 0500AM  
Print Name:   
Signature:   
Print Name:   
Signature: 

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: RA Date: 8/10/18  
Count: 1 Time: 5:00 AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: Z-B Date: 8-10-2019  
Count: 5 Time: 5:00 PM

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