


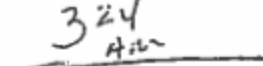
BUREAU OF PRISONS COUNT SHEET  
NEW YORK MCC

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

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

COUNT VERIFY

OFFICIAL PREPARING COUNT:   
OFFICIAL TAKING COUNT:   
COUNT CLEARED TIME: 3:24 AM

9/11 3:19 AM

S.D  
7-12-2.

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**


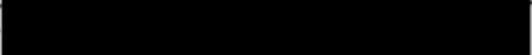
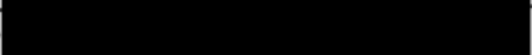
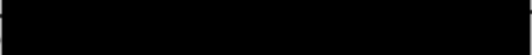
DATE: 08/10/2019

COUNT TIME: 0300AM

FROM:  (punit)

LOCATION: Hoop

APPROVED: 

REG #	NAME	UNIT	REG #	NAME	UNIT
1.		KS	13.		
2.		KS	14.		
3.		5N	15.		
4.		5N	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

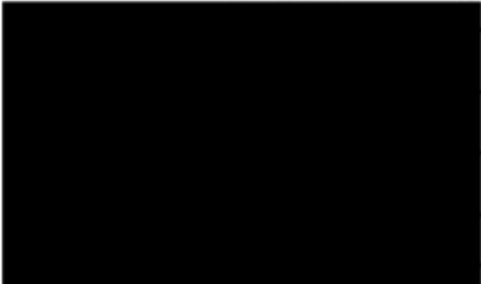
**This form must be submitted to the Counts and Assignments Officer FORTY-FIVE MINUTES PRIOR to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count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



**Metropolitan Correctional Center  
Official Count Slip**

Unit: BA Date: 8-10-19  
Count: 26 Time: 3:00 AM


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



**Metropolitan Correctional Center  
Official Count Slip**

Unit: CA Date: 8/10/19  
Count: 10 Time: 3<sup>40</sup> AM

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



**Metropolitan Correctional Center  
Official Count Slip**

Unit: EN Date: 08-10-2019  
Count: 81 Time: 3:00AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Metropolitan Correctional Center  
Official Count Slip**

Unit: ES Date: 8/10/19  
Count: 79 Time: 3<sup>00</sup>/AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Metropolitan Correctional Center  
Official Count Slip**

Unit: GN                      Date: 8/10/19  
Count: 78                      Time: 3:00 AM

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

**Metropolitan Correctional Center  
Official Count Slip**

Unit: G.S                      Date: 08/14/19  
Count: 88                      Time: 0300

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

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date 8/10/19  
Count: 89 Time: 130000  
Print Name: [REDACTED]  
Signature: [REDACTED]  
Print Name: [REDACTED]  
Signature: [REDACTED]

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date 8/14/2019  
Count: 135 Time: 020000  
Print Name: [REDACTED]  
Signature: [REDACTED]  
Print Name: [REDACTED]  
Signature: [REDACTED]

**Metropolitan Correctional Center  
Official Count Slip**

Unit: HOSP                      Date: 8-10-19  
Count: 4                              Time: 3:00 AM

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

**Metropolitan Correctional Center  
Official Count Slip**

Unit: HA                              Date: 8-10-19  
Count: 4                              Time: 3:00 AM

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: BA Date: 8/10/19  
Count: 1 Time: 3:00


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

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 8/10/19  
Count: 86 Time: 3:00 AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/10/19  
Count: 72 Time: 3:45 AM  
Print Name: M. Licina  
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: 2-B Date: 8-10-2019  
Count: 5  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_