

*kg*  
*7-17-21*

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

B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10	C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	84	E-N
E-S	79	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	1	<del>X</del>	78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	78	G-N
G-S	85	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	85	G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	3	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	87	I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	1	<del>X</del>	88	K-N
K-S	137	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	1	<del>X</del>	136	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0	R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5	Z-B
TOTAL	760	.	.	.	.	.	2	.	.	.	.	1	.	.	.	.	.	3		757	

COUNT VERIFY

OFFICIAL PREPARING COUNT

OFFICIAL TAKING COUNT

COUNT CLEARED TIME: 6:00am

Good verbal: 5<sup>43</sup> AM

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/19

COUNT TIME: 5:00 AM

FROM: 

LOCATION: Hosp

APPROVED:   
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76256-054	DAVILA	11N	13.	
2.	48816-066	SANTANA	11S	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 \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
 I-N \_\_\_\_\_ K-N (1) K-S (7) R-A \_\_\_\_\_ Z-A \_\_\_\_\_ Z-B \_\_\_\_\_

Total Out-Counted: (8)

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  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 8-9-2019 COUNT TIME: 5:00PM

FROM:  LOCATION: S:BA

APPROVED

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	<u>57084-056</u>	<u>WARRIS</u>	13.		
2.		<u>ES</u>	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.**



Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: 8/9/19  
Count: 88 Time: 5:00AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: TWDR Date: 8/9/19  
Count: 1 Time: 5:00AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 8/9/19  
Count: 2 Time: 5:00AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ZB Date: 8/9/19  
Count: 5 Time: 6:00AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/9/19  
Count: 77 Time: 5:00AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 8/9/19  
Count: 136 Time: 6:00AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: EN Date: 08-09-2019  
Count: 84 Time: 5:00AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 8-9-19  
Count: 78 Time: 5:00AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: G-5 Date: 8-9-19  
Count: 85 Time: 5:00AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date: 8/9/19  
Count: 10 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date: 8/9/19  
Count: 78 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 8/9/19  
Count: 1 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date: 8/9/19  
Count: 26 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 8/9/19  
Count: 3 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]