

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	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	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 E-N
E-S	86	.	.	.	.	.	1	.	.	.	.	.	1	X	85 E-S
G-N	74	.	.	.	.	.	.	.	.	.	.	.	.	X	74 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	71	.	.	.	.	.	.	.	.	.	.	.	.	X	71 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	.	.	1		773

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 12:37 am

Gwd Verbal 12:33 am

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/25/19

Count: 26

Print Name: [REDACTED]

Signature: [REDACTED]

Print Name: [REDACTED]

Signature: [REDACTED]

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 7/25/19
Count: 26 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 7/25/19
Count: 1 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 7-25-19
Count: 85 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 07-25-19
Count: 88 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 7/25/2019
Count: 91 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GA Date: 7/25/19
Count: 74 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 7/25/19
Count: 92 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 7/25/19
Count: 10 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 7/25/19
Count: 1 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 7-25-19
Count: 5 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: LS Date: 7/25/19
Count: 138 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

MCC NEW YORK
Official Count Slip
Unit: 2A Date: 7/25/19
Count: 71 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: LN Date: 7-25-19
Count: 92 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-25-19

COUNT TIME: 12⁰¹AM

FROM: *Thomas*
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: *[Signature]*
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	16520-055	Decapua 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.

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFY COUNT	COUNT AREA		
		A T T Y	F N J	F N Y	F N Y	F S	H O S P	M S	R & D	S A N I T I D V	T R N W S I D V	V I S I T			OC UO TU N T	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88 E-N
E-S	86	.	.	.	.	.	1	.	.	.	.	.	1	.	X	85 E-S
G-N	74	.	.	.	.	.	.	.	.	.	.	.	.	.	X	74 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	71	.	.	.	.	.	.	.	.	.	.	.	.	.	X	71 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	.	.	1	.		773

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 3:32 AM

Good verbal 3:33 AM

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 7-25-19

Count: 8 Time: 3:00 AM

Print Name: [REDACTED]

Signature: [REDACTED]

Print Name: [REDACTED]

Signature: [REDACTED]

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date 7-25-19
Count: 8 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 7/25/2019
Count: 91 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EP Date 7-25-19
Count: 65 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

MCC NEW-YORK
Official Count Slip

Unit: 2A Date 7/25/19
Count: 71 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date 7-25-19
Count: 88 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GM Date 7/25/19
Count: 74 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: IX Date 7/25/19
Count: 42 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KA Date 7-25-19
Count: 92 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: LA Date 7/25/19
Count: 128 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7-25-19
Count: 1 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7-25-19
Count: 26 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7-25-19
Count: 1 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: SA Date 7/25/19
Count: 10 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

NYMD9 530*05 *
PAGE 001 OF 001

INMATE ROSTER

07-25-2019
02:57:35

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	16520-055	DECAPUA	07-25-2019	E07-555L	ORD CCS SUICIDE OR

REG NO NAME UNIT REG NO NAME

16520055 DECAPUA

13.
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.

OLT-COUNT BY LVL

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7-25-2019

COUNT TIME: 3:00 AM

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

LOCATION: H08p

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	16520055	Decapua 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.

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	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	.	.	.	.	.	.	.	.	.	.	.	.		26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10 C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.		88 E-N
E-S	86	.	.	.	.	.	1	.	.	.	1	.	2		84 E-S
G-N	74	.	.	.	.	.	.	.	.	.	.	.	.		74 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.		91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.		1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.		92 I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.		92 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.		138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0 R-A
Z-A	71	.	.	.	.	.	.	.	.	.	.	.	.		71 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5 Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	1	.	2		772

COUNT
VERIFIY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:43 AM

Subal 5:36 AM

Metropolitan Correctional Center
Official Count Slip

Date 7-25-19

Metropolitan Correctional Center,
Official Count Slip

Unit: [REDACTED] Date 7-25-19

Count: 88 Time: 5:00 AM

Print Name: [REDACTED]

Signature: [REDACTED]

Print Name: [REDACTED]

Signature [REDACTED]

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date 7-25-19
Count: 88 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7-25-19
Count: 26 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

MCC NEW YORK
Official Count Slip

Unit: 2A Date 7/25/19
Count: 71 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7-25-19
Count: 5 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7-25-19
Count: 74 Time: 500
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7-25-19
Count: 85 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 7/25/2019
Count: 91 Time: 500AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: VA Date 7/25/19
Count: 10 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7-25-19
Count: 92 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: VA Date 7/25/19
Count: 138 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: TWOYR Date 7/25/19
Count: _____ Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7-25-19
Count: 1 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7/25/19
Count: 74 Time: 5 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7-25-19
Count: 1 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IX Date 7/25/19
Count: 92 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

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 & D	S A N	T R W	V S			OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	10	C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	88	E-N
E-S	86	.	.	.	.	.	1	.	.	.	1	.	2	.	84	E-S
G-N	74	.	.	.	.	.	.	.	.	.	.	.	.	.	74	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	1	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	92	I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	92	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	0	R-A
Z-A	71	.	.	.	.	.	.	.	.	.	.	.	.	.	71	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	5	Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	1	.	2	.	772	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 5:43 AM
 Good verbal 5:36 AM

NYMD9 530*05 *
PAGE 001 OF 001

INMATE ROSTER

07-25-2019
05:04:46

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 16520-055 DECAPUA 07-25-2019 E07-555L ORD CCS
SUICIDE OR

LOCATION:

OUT COUNT BY UNIT

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-25-2019

COUNT TIME: 5⁰⁰ AM

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

LOCATION: HOSP

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	116520055	Decapua BS	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.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-25-79

COUNT TIME: 5 AM

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

LOCATION: G-5

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084056	Harrison	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.