

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFI COUNT	COUNT AREA			
		A T T Y	F N J E	F N Y E	F N Y S	F N Y S	H O S P	M S	R & D I	S A N W I D T	T R V S I T			V I S I T	OC UO TU N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	83	.	.	.	.	.	1	.	.	.	.	1	1	.	X	82 E-N
E-S	83	.	.	.	.	.	.	.	.	1	.	1	1	.	X	82 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	.	X	3 H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	X	86 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	139	.	.	.	.	.	1	.	.	.	.	1	1	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	75	.	.	.	.	.	.	.	.	.	.	.	.	.	X	75 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	765	.	.	.	.	.	2	.	.	.	1	.	3	.		762

COUNT
VERIFY

OFFICIAL PREPARING COUNT: ~~X~~
 OFFICIAL TAKING COUNT: ~~X~~
 COUNT CLEARED TIME: 6:06 AM

G.V. 6:06 AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/13/19
 FROM: [Redacted]
(Staff Member Preparing Out Count)
 APPROVED: [Redacted]
(Operations Lieutenant)

COUNT TIME: 5:00am
 LOCATION: TNW DVR

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084-056	HARRISON 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 / 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: 8/13/19

COUNT TIME: 5:00 AM

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

LOCATION: HOSP

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 48816-066	SANTANA	115	13.		
2. 18028-104	LEON	5N	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 (1) E-S _____ G-N _____ G-S _____ H-A _____
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.

NYMBQ 530*05 *
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INMATE ROSTER

* 08-13-2019
00:53:21

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	18028-104	LEON-MAAL	08-13-2019	E03-520L	SUICIDE OR UNASSG
0002		48816-066	SANTANA	08-13-2019	K09-028U	SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: KS / Date 8/13/19 /
Count: 138 / Time: 5:00 /
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA / Date: 8/13/19 /
Count: 75 / Time: 5:00 AM /
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB / Date: 8.13.19 /
Count: 51 / Time: 5:00 AM /
1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS / Date: 8/13/2019 /
Count: 88 / Time: 5:00 AM /
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN / Date 8/13/19 /
Count: 86 / Time: 5:00 AM /
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN / Date 08/13/2019 /
Count: 89 / Time: 5:00 AM /
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN / Date 8/13/19 /
Count: 87 / Time: 5:00 am /
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA / Date 8/13/19 /
Count: 10 / Time: 5 AM /
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN / Date: 08/13/19 /
Count: 78 / Time: 5:00 am /
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: HOSP ✓ Date: 8/13/19 ✓

Count: 2 ✓ Time: 5:00 AM ✓

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: BA ✓ Date: 8/13/19 ✓

Count: 2.6 ✓ Time: 5:00 AM ✓

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: ES ✓ Date: 8/13/19 ✓

Count: 82 ✓ Time: 6:00 AM ✓

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: TWDUR ✓ Date: 8/13/19 ✓

Count: 1 ✓ Time: 12th hr ✓

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: HA ✓ Date: 8/13/19 ✓

Count: 3 ✓ Time: 5:00 AM ✓

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____