

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 S	S & D	T R A N S I D			V I S I T	OC UO TU N T	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	83 E-N
E-S	79	.	.	.	.	.	1	.	.	.	.	.	1	.	<del>X</del>	78 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	.	.	.	.	.	1	.	.	.	.	.	1	.	<del>X</del>	88 K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	2	.	<del>X</del>	135 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	.	4	.		754

COUNT  
VERIFY

OFFICIAL PREPARING COUNT: *K. CALE*  
 OFFICIAL TAKING COUNT: *K. CALE*  
 COUNT CLEARED TIME: *10<sup>36</sup> PM*

*g/v 10<sup>30</sup> PM*

*9/23/21*

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 08-09-19

COUNT TIME: 1000 pm

FROM: Thomas  
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: [Signature]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-053	Mersey KS	13.		
2.	91349-053	Nobaa KS	14.		
3.	85377-054	Weber KS	15.		
4.	86272-054	Montas KN	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 1 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: JA Date: 8/9/2019  
 Count: 86 Time: 10:00 PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date: 8-9-19  
 Count: 78 Time: 10:00 PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: 8/9/19  
 Count: 88 Time: 10 PM

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: 95 + 1 Date: 8/9/2019  
 Count: 1 Time: 10:00 PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 8/9/19  
 Count: ES Time: 10:00 PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 08-09-19  
 Count: 78 Time: 10:00 PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8-9-19  
 Count: 43 + 1 Time: 10:00 PM

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ZB Date: 8-9-19  
 Count: 5 Time: 10:00 PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: EA Date: 08-24-19  
 Count: 90 Time: 10 PM

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

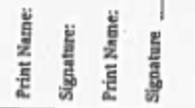
Metropolitan Correctional Center  
Official Count Slip

Unit: 135 Date: 8/19/19  
 Count: 135 Time: 10 PM

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

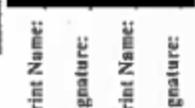
Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date: 8/19/19  
 Count: 10 Time: 1000 PM

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

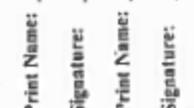
Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 8/19/19  
 Count: 6 Time: 10:00 PM

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

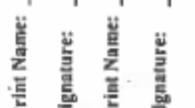
Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 8/19/19  
 Count: 4 Time: 10:00 PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date: 8/19/19  
 Count: 2-6 Time: 10:00 PM

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