

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 W I D V	T R V S I T			O C U O T U
B-A	26	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	83	.	.	.	.	.	2	.	.	.	.	2	X	81 E-N
E-S	79	.	.	.	.	.	1	.	.	.	.	1	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	X	88 G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	X	4 H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	X	86 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	137	.	.	.	.	.	1	.	.	.	.	1	X	136 K-S
R-A	1	.	.	.	.	.	.	.	.	.	.	.	X	1 R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	X	72 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	4		754
COUNT VERIFY														

OFFICIAL PREPARING COUNT: [REDACTED]  
 OFFICIAL TAKING COUNT: [REDACTED]  
 COUNT CLEARED TIME: 12:49 PM

Good Verbal 3/23/20

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 08-10-19

COUNT TIME: 12<sup>01</sup>AM

FROM: Thomas  
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: [Redacted]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	16520-055 Decapua	ES	13.		
2.	86409-054 Bullock	EN	14.		
3.	85918-054 Bama	EN	15.		
4.	86768-054 McDuffie	KS	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 1 G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S 1 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.

NYMFC 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-09-2019  
22:52:23

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	86409-054	BULLOCK	08-09-2019	E05-535L	
0002		16520-055	DECAPUA	08-09-2019	E07-555L	
0003		85918-054	GAMA-PINEDA	08-09-2019	E03-519L	
0004		86768-054	MCDUFFIE	08-09-2019	K12-064L	



G0000            TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~KV~~ Date: ~~8/10/19~~  
Count: ~~89~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~AS~~ Date: ~~8/10/2019~~  
Count: ~~136~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~IA~~ Date: ~~8/10/2019~~  
Count: ~~86~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~CA~~ Date: ~~8/10/19~~  
Count: ~~10~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~GS~~ Date: ~~08/10/19~~  
Count: ~~88~~ Time: ~~0000~~

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~GN~~ Date: ~~8/10/19~~  
Count: ~~78~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~KCSR~~ Date: ~~8/10/19~~  
Count: ~~4~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~EW~~ Date: ~~28-10-19~~  
Count: ~~81~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~ES~~ Date: ~~8/10/19~~  
Count: ~~78~~ Time: ~~12:01 AM~~

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: ~~Thomas~~  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~HA~~ Date: ~~8/10/19~~

Count: ~~4~~ Time: ~~12:01 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: ~~12:01 AM~~

1. Print Name: \_\_\_\_\_

1. Signature: \_\_\_\_\_

2. Print Name: \_\_\_\_\_

2. Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~ZA~~ Date: ~~8/10/19~~

Count: ~~73~~ Time: ~~12:01 AM~~

Print Name: ~~Mr. Davis~~

Signature: \_\_\_\_\_

Print Name: ~~Noel~~

Signature: \_\_\_\_\_

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ~~ZB~~ Date: ~~8-10-19~~

Count: ~~5~~ Time: ~~12:01 AM~~

1. Print Name: \_\_\_\_\_

1. Signature: \_\_\_\_\_

2. Print Name: \_\_\_\_\_

2. Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~BA~~ Date: ~~8/10/19~~

Count: ~~26~~ Time: ~~12:01 AM~~

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_