NPS-1B

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RETURN TO U.S. Census Bureau Governments Division Washington, DC 20233-6800 FORM NPS-1B

National Prisoner Statistics Advance Year-end Counts 2006 U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
and ACTING AS COLLECTING AGENT
U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

		D/	ATA SUP	PLIED BY			١
NAME				Title			
TELEPHONE	Area Code	Number	Extension	FAX NUMBER	Area Code	Number	
E-MAIL ADDRESS							_

GENERAL INFORMATION

Please complete the questionnaire before **January 31, 2007** using the web-reporting option at http://harvester.census.gov/nps, by mailing the completed questionnaire to the **U.S. Census Bureau** in the enclosed envelope, or FAXing all pages toll-free to **1–888–891–2099**.

If you have questions about completing the form, please call **Theresa Reitz** toll-free at 1–800–352–7229 or e-mail govs.nps@census.gov.

What types of inmates are included?

Inmates under your jurisdiction on December 31, 2006

- INCLUDE inmates under your jurisdiction held in your prison facilities (e.g., prisons, penitentiaries, and correctional institutions; boot camps; prison farms; reception, diagnostic, and classification centers; release centers, halfway houses, and road camps; forestry and conservation camps; vocational training facilities; prison hospitals; and drug and alcohol treatment facilities for prisoners).
- INCLUDE inmates who are temporarily absent (less than 30 days), out to court, or on work release.
- INCLUDE inmates under your jurisdiction held in local jails, private facilities, and other States' or Federal facilities.
- INCLUDE inmates in your facilities who are serving a sentence for your jurisdiction and another jurisdiction at the same time.
- EXCLUDE inmates held in your facilities for another jurisdiction.

Inmates under your custody on December 31, 2006

- INCLUDE all inmates held in your facilities.
- INCLUDE inmates housed in your facilities for other jurisdictions.
- EXCLUDE inmates held in local jails, private facilities, and facilities in other jurisdictions.

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, Washington, DC 20531; and to the Office of Management and Budget, OMB No. 1121-0102, Washington, DC 20503.

REPORTING INSTRUCTIONS

- If you are unable to report an item using NPS definitions and reporting criteria, describe the definitions or criteria you used in the **NOTES** section.
- If your jurisdiction, by law or regulation, cannot have the type of inmate described by an item, write "NA" (Not Applicable) in the space provided.
- If your jurisdiction had the type of inmate but you are unable to determine the number separately by item, report the combined count in one item, write "NR" (Not Reported) in the remaining items, and specify in NOTES.
- If your jurisdiction can have the type of inmate described, but did not have any on December 31, 2006, enter "O" (Zero) in the space provided.

	YE	AR-END PR	ISON COUNT	S	
1. On December 31, 2006, how man custody —					
 Exclude inmates held in local jails, prinfacilities in other jurisdictions. 	vate facilities,	and	Data reporte	ed for Decem	ber 31, 2005
 Include inmates held in any public fac- including halfway houses, camps, farn centers, and hospitals. 	ility run by yo ns, training/tre	ur state, eatment			
a. Had a total maximum sentence of more than 1 year (Include inmates with	Male	Female	Male	Female	
consecutive sentences that add to more than 1 year.)					← Update as needed
b. Had a total maximum sentence of 1 year or less					
c. Were unsentenced					
d. TOTAL (Sum of items 1a to 1c)					
 Mark (X) this box if custody numbers comparable to 2005. Explain in NOT 2. On December 31, 2006, how man jurisdiction — 	ES.				
a. Had a total maximum sentence of more than 1 year	Male	Female	Male	Female	
(Include inmates with consecutive sentences that add to more than 1 year.)					← Update as needed
b. Had a total maximum sentence of 1 year or less					
c. Were unsentenced					
d. TOTAL (Sum of items 2a to 2c)					
Mark (X) this box if jurisdiction number comparable to 2005. Explain in NOT		are not			

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3. On December 31, 2006, how ma jurisdiction were housed in a procorrectional facility —			Data report	ed for Decem	ber 31, 2005
 Exclude inmates housed in any publif under contract. 	icly operated fa	cility, even			
 Include inmates housed in any priva houses, treatment facilities, hospitals 	tely operated has, or other spec	alfway ial facility.			
, , ,	Male	Female	Male	Female	
a. In your State					← Update as needed
b. In another State					
c. Are these inmates included in item 2?	Male 1 Yes 2 No	Female 1 Yes 2 No			
(If item 3c is "NO", explain in the NOTI	ES section.)				
4. On December 31, 2006, how ma jurisdiction were housed in loca by a county or other local autho • Exclude inmates housed in privately	l facilities o _l rity?	perated			
(reported in items 3a and 3b).	operated raciiit	162			
 Include inmates housed in local facil other arrangement. 	ities under cont Male	ract or Female	Male	Female	
a. TOTAL					Report if available
(If "0" (zero), skip to item 5.)	Mala	Famala			
b. Are these inmates included in item 2?	Male ₁ ☐ Yes	Female			
in item 2:	1 Yes 2 No	1 Wes 2 No			
(If item 4b is "NO", explain in the No	OTES section.)				
5. On December 31, 2006, how ma jurisdiction were housed —	ny inmates u	nder your			
Exclude inmates housed in privately					
(reported in items 3a and 3b) and in jails (reported in item 4a).	Male	Female	Male	Female	
a. In Federal facilities					Report if available
b. In other States' facilities —					
 Include only those inmates housed in facilities in other States. 	n State-operate	d			
idolities in other states.	Male	Female	Male	Female	
(16 11011/					Report if available
(If "0"(zero) in items 5a and 5b, ski	o to item 6.) Male	Female			
c. Are these inmates included in item 2?	1 Yes	1 Yes			
(If item 5c is "NO", explain in the N	OTES section.)				

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6.	Or	December 31, 2006, what wa	as the capac	eity of your
	-	ison system?	Male	Female
	a.	Rated capacity (The number of beds or inmates assigned by rating officials to institutions		
		rating officials to institutions within your jurisdiction.)		
	b.	Operational capacity (The number of inmates that can be		
		accommodated based on staff.		
		existing programs, and services in institutions within your		
		jurisdiction.)		
	c.	Design capacity (The number of inmates that planners or		
		architects intended for all institutions within your		
		jurisdiction.)		
		NOTES		
- 1	Ple	ease review last year's explanatory nections, additions, or deletions nece	otes and make	any
(
L		Please mark (x) box to indicate that updated the notes.	you have revi	ewed and

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