

**RETURN TO**

**Abt Associates  
National Prisoner Statistics  
Survey  
55 Wheeler Street  
Cambridge, MA 02138**

FORM **NPS-1B**  
(10-30-2017)

## National Prisoner Statistics Summary of Sentenced Population Movement 2017

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
and ACTING AS COLLECTING AGENT  
ABT ASSOCIATES INC.

### DATA SUPPLIED BY

NAME					Title		
TELEPHONE	Area Code	Number	Extension	FAX NUMBER	Area Code	Number	E-MAIL ADDRESS

### GENERAL INFORMATION

- If you have any questions, contact the **Abt Associates NPS Project Director, Tom Rich (617-349-2753 or tom\_rich@abtassoc.com)** or the **BJS NPS Program Manager, E. Ann Carson (202-616-3496 or elizabeth.carson@ojp.usdoj.gov)**.
- Please complete the questionnaire before **February 28, 2018** by using **nps.abtassociates.com**, by emailing a scanned copy of the form to **tom\_rich@abtassoc.com**, by mailing the completed form to **Abt Associates** at the address above, or by FAXing all pages to 1-617-492-5219.
- Please retain a copy of the completed form for your records.

#### What types of inmates are included? *Inmates*

*under your jurisdiction on December 31, 2017*

- 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, 2017*

- 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 6.5 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 during December 31, 2017, enter "0" (Zero) in the space provided.

**SECTION I – YEAR-END PRISON COUNTS**

**1. On December 31, 2017, how many inmates under your custody —**

- Exclude inmates held in local jails, private facilities, and facilities in other jurisdictions.
- Include inmates held in any public facility run by your state, including halfway houses, camps, farms, training/treatment centers, and hospitals.

	Male	Female
<b>a. Had a total maximum sentence of more than 1 year</b> (Include inmates with consecutive sentences that add to more than 1 year.)		
<b>b. Had a total maximum sentence of 1 year or less</b>		
<b>c. Were unsentenced</b>		
<b>d. TOTAL</b> (Sum of items 1a to 1c)		

Mark (X) this box if custody numbers for 2016 are not comparable to 2015. Explain in NOTES.

**2. On December 31, 2017, how many inmates under your jurisdiction —**

	Male	Female
<b>a. Had a total maximum sentence of more than 1 year</b> (Include inmates with consecutive sentences that add to more than 1 year.)		
<b>b. Had a total maximum sentence of 1 year or less</b>		
<b>c. Were unsentenced</b>		
<b>d. TOTAL</b> (Sum of items 2a to 2c)		

Mark (X) this box if jurisdiction numbers for 2016 are not comparable to 2015. Explain in NOTES.

**Data reported for December 31, 2016**

	Male	Female

← Update as needed

← Update as needed

**3. On December 31, 2017, how many inmates under your jurisdiction were housed in a privately operated correctional facility —**

- Exclude inmates housed in any publicly operated facility, even if under contract.
- Include inmates housed in any privately operated halfway houses, treatment facilities, hospitals, or other special facility.

	Male	Female
<b>a. In your State</b> .....	<input type="text"/>	<input type="text"/>

	Male	Female
<b>b. In another State</b> .....	<input type="text"/>	<input type="text"/>

**c. Are these inmates included in item 2?** .....

1 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2 <input type="checkbox"/> No	<input type="checkbox"/> No

(If item 3c is "NO", explain in the NOTES section.)

**4. On December 31, 2017, how many inmates under your jurisdiction were housed in local facilities operated by a county or other local authority?**

- Exclude inmates housed in privately operated facilities (reported in items 3a and 3b).
- Include inmates housed in local facilities under contract or other arrangement.

	Male	Female
<b>a. TOTAL</b> .....	<input type="text"/>	<input type="text"/>

(If "0" (zero), skip to item 5.)

**b. Are these inmates included in item 2?** .....

1 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2 <input type="checkbox"/> No	<input type="checkbox"/> No

(If item 4b is "NO", explain in the NOTES section.)

**5. On December 31, 2017, how many inmates under your jurisdiction were housed —**

- Exclude inmates housed in privately operated facilities (reported in items 3a and 3b) and inmates housed in local jails (reported in item 4a).

	Male	Female
<b>a. In Federal facilities</b> .....	<input type="text"/>	<input type="text"/>

**b. In other States' facilities —**

- Include only those inmates housed in State-operated facilities in other States.

	Male	Female
.....	<input type="text"/>	<input type="text"/>

(If "0" (zero) in items 5a and 5b, skip to item 6.)

**c. Are these inmates included in item 2?** .....

1 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2 <input type="checkbox"/> No	<input type="checkbox"/> No

(If item 5c is "NO", explain in the NOTES section.)

**Data reported for December 31, 2016**

	Male	Female
.....	<input type="text"/>	<input type="text"/>

← Update as needed

	Male	Female
.....	<input type="text"/>	<input type="text"/>

	Male	Female
.....	<input type="text"/>	<input type="text"/>

← Update as needed

	Male	Female
.....	<input type="text"/>	<input type="text"/>

← Update as needed

	Male	Female
.....	<input type="text"/>	<input type="text"/>

← Update as needed

**SECTION I – YEAR-END PRISON COUNTS – Continued**

**6. On December 31, 2017, how many inmates under your jurisdiction were —**

(See insert for race/ethnicity definitions.) Male Female

	Male	Female
<b>a. White</b> (not of Hispanic origin.)		
<b>b. Black or African American</b> (not of Hispanic origin.)		
<b>c. Hispanic or Latino</b>		
<b>d. American Indian/Alaska Native</b> (not of Hispanic origin.)		
<b>e. Asian</b> (not of Hispanic origin.)		
<b>f. Native Hawaiian or other Pacific Islander</b> (not of Hispanic origin.)		
<b>g. Two or more races</b> (not of Hispanic origin.)		
<b>h. Additional categories in your information system – Specify</b>		
<b>i. Not known</b>		
<b>j. TOTAL</b> (Sum of items 6a to 6i should equal item 2d)		

**7. Between January 1, 2017 and December 31, 2017, how many inmates sentenced to more than 1 year under your jurisdiction were admitted as —**

Male Female

	Male	Female
<b>a. New court commitments</b> (Include probation violators entering prison on probated sentence, split sentences, and shock probation.)		
<b>b. Parole violators —</b>		
<b>(1) with a new sentence</b>		
<b>(2) without a new sentence</b> (Include violators returned without a new sentence, those held pending a hearing, and those not formally revoked.)		
<b>c. Other conditional release violators</b> (Include returns from mandatory release other than parole.)		
<b>(1) with a new sentence</b>		
<b>(2) without a new sentence</b>		
<b>d. Transfers from other jurisdictions</b> (Include inmates received from other jurisdictions to continue sentences already in force.)		
<b>e. AWOL returns, with or without new sentences</b>		
<b>f. Escapee returns, with or without new sentences</b>		
<b>g. Returns from appeal or bond</b> (Include all inmates reinstated after long-term absences of more than 30 days.)		
<b>h. Other admissions – Specify</b>		
<b>i. TOTAL</b> (Sum of items 7a to 7h)		

**SECTION II – ADMISSIONS AND RELEASES DURING 2017**

**Reporting Instructions**

- Include only those inmates with a total maximum sentence of more than 1 year.
- Include inmates under your jurisdiction, regardless of where they are housed.
- Exclude short-term movements (less than 30 days) where jurisdiction is retained (e.g., to court and on furlough.)
- Escape include inmates that were physically within facility boundaries at time of disappearance)
- AWOLs include inmates that were physically outside facility boundaries at time of disappearance, example-workrelease)

**8. Between January 1, 2017 and December 31, 2017, how many inmates sentenced to more than 1 year under your jurisdiction were released as—**

**a. Unconditional releases**

	Male	Female
<b>(1) Expirations of sentence</b> (Include inmates who served their maximum sentence minus credits.)		
<b>(2) Commutations</b> (Include inmates whose sentence was lowered to time served to allow for an immediate unconditional release.)		
<b>(3) Other unconditional releases – Specify</b> _____		

**b. Conditional releases**

<b>(1) Probations</b> (Include inmates released on shock probation or placed on probation and conditionally released.)		
<b>(2) Supervised mandatory releases</b> (Include inmates who by law had to be conditionally released.)		
<b>(3) Discretionary paroles</b>		
<b>(4) Other conditional releases – Specify</b> _____		

**c. Deaths**

--	--	--

**d. AWOLs**

--	--	--

**e. Escapes from confinement**

--	--	--

**f. Transfers to other jurisdictions** (Include inmates sent to other jurisdictions to continue sentences already in force.)

--	--	--

**g. Releases to appeal or bond**

--	--	--

**h. Other releases – Specify**  
\_\_\_\_\_

--	--	--

**i. TOTAL**  
(Sum of items 8a to 8h)

--	--	--

**9. How many inmates with a total maximum sentence of more than one year were —**

	Male	Female
<b>a. Under your jurisdiction on January 1, 2017</b>		
<b>b. Admitted during 2017</b> (Transcribe from item 7i)		
<b>c. Released during 2017</b> (Transcribe item 8i)		
<b>d. Under your jurisdiction on December 31, 2017</b> (Add items 9a and 9b, subtract item 9c, should equal item 2a.)		

**SECTION III – PRISON SYSTEM CAPACITY**

**10. On December 31, 2017, what was the capacity of your prison system? (Exclude capacity of private facilities).**

	Male	Female
<b>a. Rated capacity</b> (The number of beds or inmates assigned by rating officials to institutions within your jurisdiction.)		
<b>b. Operational capacity</b> (The number of inmates that can be accommodated based on staff, existing programs, and services in institutions within your jurisdiction.)		
<b>c. Design capacity</b> (The number of inmates that planners or architects intended for all institutions within your jurisdiction.)		

**SECTION IV – SPECIAL CUSTODY POPULATIONS**

**11. On December 31, 2017, how many inmates in your custody were under age 18? (Include inmates held in private facilities)**

	Male	Female

**12. On December 31, 2017, how many inmates in your custody who were not citizens of the United States— (Include inmates held in private facilities)**

	Male	Female
<b>a. Had a total maximum sentence of more than 1 year</b> (Include inmates with consecutive sentences that add to more than 1 year.)		
<b>b. Had a total maximum sentence of 1 year or less</b>		
<b>c. Were unsentenced</b>		

**13. How do you obtain data on inmates who are not citizens of the United States? (Check all that apply)**

- Inmate self-report
- Law enforcement or court documents accompanying inmate at prison admission
- Verification of citizenship status using external data source

**SECTION V – HIV/AIDS**

**Reporting Instructions**

- For the following section **HIV test** includes any type of test, oral or blood, used to diagnose HIV among adults.
- 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.
- Exclude inmates held in local jails, private facilities and facilities in other jurisdictions.
- Include inmates held in any public facility run by your state, including halfway houses, camps, farms, training/treatment centers, and hospitals.

**13. On December 31, 2017, which of the following best described HIV testing among inmates entering your facilities?** (Check only one).

- Include all testing done upon entry such as during the intake process, reception or shortly thereafter.
- All inmates were tested for HIV regardless of whether the inmate agreed **(Skip to Question 15)**
- All inmates were told that an HIV test will be performed, and the test was given unless the inmate declined
- All inmates were told that HIV testing was available, and the inmate must have requested a test
- Inmates were only tested based upon an assessment of high-risk behavior, medical history, or other clinical evaluation
- Not all inmates were told that an HIV test is available, but were tested if they requested one
- Other (Please specify)
- Did not provide HIV testing **(Skip to Question 15)**

**14. On December 31, 2017, which of the following best described consent for HIV testing among inmates entering your facility?** (Check only one).

- General consent for medical services was obtained
- Separate consent, specifically for HIV testing, was obtained
- Inmate consent was not obtained

**15. On December 31, 2017, which of the following described HIV testing among inmates already in custody?** (Check all that apply).

- Exclude all testing done during the entry and discharge processes.
- Offered HIV test during routine medical examinations
- Tested inmates in high-risk groups
- Tested upon request from the inmate
- Tested upon clinical indication
- Tested upon court order
- Tested following involvement in an incident
- Other (Please specify)
- Did not provide HIV testing

**16. On December 31, 2017, which of the following best described HIV testing among inmates during discharge planning?**(Check only one).

- Include all testing done upon exit or during the discharge process.
- Exclude all testing done upon entry or among inmates already in custody.
- All inmates were offered HIV testing
- Some inmates were offered HIV testing
- Inmates were only tested upon request from the inmate
- Other (Please specify)
- Did not provide HIV testing

**17. On December 31, 2017, how many inmates under your custody were —**

- Include all inmates under your custody, regardless of sentence length.

	Male	Female
<b>a. Asymptomatic HIV positive</b> (Inmates who were HIV positive but had no HIV-related symptoms.)	<input type="text"/>	<input type="text"/>
<b>b. Infected with lesser forms of symptomatic HIV disease</b> (Inmates who had symptoms of HIV infection but without a confirmed AIDS diagnosis.)	<input type="text"/>	<input type="text"/>
<b>c. Confirmed to have AIDS</b>	<input type="text"/>	<input type="text"/>
<b>d. TOTAL</b> (Sum of items 17a to 17c)	<input type="text"/>	<input type="text"/>

## SECTION VI – NOTES

Please review last year's explanatory notes and make any corrections, additions, or deletions necessary for 2017.

Please mark (X) box to indicate that you have reviewed and updated the notes.