**NPS-1B** OMB No. 1121-0102: Approval Expires 01/31/2026

**RETURN** National Prisoner Statistics

Abt Global FORM **NPS-1B**

(1-31-2026)

**TO**

Survey

10 Fawcett Street Cambridge, MA 02138

**National Prisoner Statistics Summary of Sentenced Population Movement 20**25

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

ABT GLOBAL

**DATA SUPPLIED BY**

E-MAIL ADDRESS

TELEPHONE

Number

Area Code

FAX NUMBER

Extension

Number

Area Code

Title

NAME

**GENERAL INFORMATION**

* If you have any questions, contact the **Abt Global NPS Project Director, Melissa Nadel, PhD (617-520-3005 or** [**Melissa.Nadel@abtglobal.com)**](mailto:Melissa.Nadel@abtglobal.com)or the **BJS NPS Program Manager, Derek Mueller** (**202-353-5216 or** [**Derek.Mueller@usdoj.gov**).](mailto:Derek.Mueller@usdoj.gov)
* Please complete the questionnaire before **February 28, 2026** by using **nps.abtassociates.com**, by emailing a scanned copy of the form to [**Melissa.Nadel@abtglobal.com**,](mailto:Melissa.Nadel@abtglobal.com) by mailing the completed form to **Abt Global** at the address above, or by FAXing all pages to 1-617-218-4500.
* Please retain a copy of the completed form for your records.

**What types of inmates are included?** *Inmates under your jurisdiction on December 31, 2025*

* 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, 2025*

* 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**

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.

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

## 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, 2025, enter "**0**" (Zero) in the space provided. | | |
| **SECTION I – YEAR-END PRISON COUNTS** | **Data reported for December 31, 20**24  Male Female  *Update as needed*        Male Female  *Update as needed* |  |
| 1. **On December 31,** 2025**, 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. 2. **Had a total maximum** Male Female   **sentence of more than 1 year**  (Include inmates with  consecutive sentences that add to more than 1 year.)   1. **Had a total maximum sentence of 1 year or less** 2. **Were unsentenced** 3. **TOTAL**   *(Sum of items 1a to 1c)*  *Mark (X) this box if custody numbers for* 2025 *are not comparable to 2024. Explain in NOTES.*   1. **On December 31, 20**25**, how many inmates under your jurisdiction —**    1. **Had a total maximum** Male Female   **sentence of more than 1 year**  (Include inmates with  consecutive sentences that add to more than 1 year.)   * 1. **Had a total maximum sentence of 1 year or less**   2. **Were unsentenced**   3. **TOTAL**   *(Sum of items 2a to 2c)*  *Mark (X) this box if jurisdiction numbers for 2025 are not comparable to 2024. Explain in NOTES.* |
|  |

1. **On December 31, 20**25 **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

## In your State

**Data reported for December 31,** 2024

Male Female

***Update as needed***

1. **In another State**
2. **Are these inmates included**

**in item 2?** 1

2

Yes No

Yes No

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

## On December 31, 2025, 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 Male Female

1. TOTAL

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

## Are these inmates included

Male

Female

*Update as needed*

## in item 2? 1

2

Yes No

1 Yes

2 No

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

## On December 31, 2025, 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

## In Federal facilities

Male Female

*Update as needed*

## In other States’ facilities —

* + Include only those inmates housed in State-operated

facilities in other States.

Male Female

Male Female

*Update as needed*

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

## Are these inmates included

Male

Female

## in item 2? 1

2

Yes No

1 Yes

2 No

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

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

|  |  |
| --- | --- |
| **7. Between January 1,** 2025 **and December 31, how many inmates** sentenced to more than **under your jurisdiction were admitted as —**  Male | 2025**,**  1 year  Female |
| a. **New court commitments** (Include probation violators entering prison on probated sentence, split sentences, and! shock probation.) |  |
| b. **Parole violators —** |  |
| (1) **with a new sentence** |  |
| (2) w**ithout a new sentence**  (Include violators returned |  |
| without a new sentence, those  held pending a hearing, and those not formally revoked.) |  |
| c. **Other conditional release violators** (Include returns  from mandatory release other than parole.) |  |
| (1) **with a new sentence** |  |
|  |  |
| (2) **without a new sentence** |  |
| d. **Transfers from other jurisdictions** (Include inmates received from other jurisdictions to continue sentences already in force.) |  |
|  |  |
| e. **AWOL returns, with or without new sentences** |  |
| f. **Escapee returns, with or**  **without new sentences** |  |
|  |  |
| g. **Returns from appeal or bond** (Include all inmates reinstated after long-term absences of more than 30 days.) |  |
| h. **Other admissions –** *Specify* |  |
|  |  |
|  |  |
| **i. TOTAL**  *(Sum of items 7a to 7h)* |  |

## On December 31, 2025, how many inmates under your jurisdiction were —

Male Female

1. **White** (not of Hispanic origin.)

## Black or African American

(not of Hispanic origin.)

## Hispanic or Latino

1. **American Indian/Alaska Native** (not of Hispanic origin.)
2. **Asian** (not of Hispanic origin.)
3. **Native Hawaiian or other Pacific Islander** (not of Hispanic origin.)
4. **Two or more races** (not of Hispanic origin.)

## Additional categories in your information system –

*Specify*

## Not known

1. **TOTAL** *(Sum of items 6a to 6i should equal item 2d)*

# SECTION II – ADMISSIONS AND RELEASES

**DURING** 2025

## 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.)
* Escapees 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-work release

1. Between January 1, 2025 and December 31, 2025, how many inmates sentenced to more than 1 year under your jurisdiction were released as—

## a. Unconditional releases

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

Male Female

* 1. **Expirations of sentence** (Include inmates who served their maximum sentence minus credits.)
  2. **Commutations** (Include inmates whose sentence was lowered to time served to allow for an immediate unconditional release.)

## Other unconditional releases – *Specify*

1. **Conditional releases**
   1. **Probations** (Include inmates released on shock probation or placed on probation and conditionally released.)
   2. **Supervised mandatory releases** (Include inmates who by law had to be conditionally released.)
   3. **Discretionary paroles**
   4. **Other conditional releases –** *Specify*
2. **Deaths**
3. **AWOL**s

## Escapes from confinement

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

## Releases to appeal or bond

1. **Other releases –** *Specify*

## TOTAL

*(Sum of items 8a to 8h)*

Male Female

## Under your jurisdiction on January 1, 2025

1. **Admitted during** 2025

(Transcribe from item 7i)

## Released during 2025

(Transcribe item 8i)

## Under your jurisdiction on December 31, 2025

*(Add items 9a and 9b, subtract item 9c, should equal item 2a.)*

# SECTION III – PRISON SYSTEM CAPACITY

## On December 31, 2025, what was the capacity of

**your prison system? (Exclude capacity of private facilities.)**

1. **Rated capacity** (The number Male Female of beds or inmates assigned by

rating officials to institutions within your jurisdiction.)

1. **Operational capacity** (The number of inmates that can be accommodated based on staff, existing programs, and services in institutions within your jurisdiction.)
2. **Design capacity** (The number of inmates that planners or architects intended for all institutions within your jurisdiction.)

# SECTION IV – SPECIAL CUSTODY POPULATIONS

1. **On December 31,** 2025, **how many inmates in your custody,** plus those held in private prisons, **were under age 18?**

|  |  |
| --- | --- |
| Male | Female |

1. On December 31, 2025, how many inmates in your custody, plus those held in private prisons, were

|  |  |  |
| --- | --- | --- |
|  | Male | Female |
| U. S. Citizens  Non-U.S. Citizens Unknown Citizenship |  |  |
|  |  |
|  |  |

1. On what total population is your count of citizens and non-citizens based? **(please check only one):**

Prisoners in our physical custody AND private prisons (Q1d+Q3)

Prisoners in our physical custody only (no private prisons) (Q1d)

Prisoners under our jurisdiction (Q2d) Some other total population

# SECTION VI – NOTES



Please review last year’s explanatory notes and make any corrections, additions, or deletions necessary for 2025.

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

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