NPS-1B(T)
Abt GlobalFORM NPS-1B(T)

RETURN National Prisoner Statistics Survey

Cambridge, MA 02138

National Prisoner Statistics Prison Population Report 2025 U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS and ACTING AS COLLECTING AGENT ABT GLOBAL

DATA SUPPLIED BY										
	NAME			Title						
	TELEPHONE	Area Code	Number	Extension	FAX NUMBER	Area (Code	Number	E-MAIL ADDRESS	

(1-31-2023)

GENERAL INFORMATION

If you have any questions, contact the BJS NPS Program Manager, Derek Mueller (202-353-5216) or

Please submit the completed questionnaire by emailing a scanned copy of the form to .

Please retain a copy of the completed form for your records.

Who does this survey cover?

This survey covers all sentenced and unsentenced inmates under your jurisdiction on December 31, 2025, regardless of the location of the inmates.

NCLUDE inmates under your Territory's/Commonwealth's jurisdiction held in your prison facilities (e.g., prisons, penitentiaries and! correctional institutions; reception, diagnostic and classification centers; half-way houses, treatment centers, release centers, work farms,! bootcamps, and prison farms).

NCLUDE inmates under your jurisdiction backed up in local jails or held in another jurisdiction's facilities.

INCLUDE inmates who are temporarily absent (less than 30 days), out to court, or on work release.

INCLUDE inmates who are serving a sentence for your Territory/Commonwealth and another jurisdiction at the same time in your facilities.

EXCLUDE pre-trial detainees and other inmates held in your Territory's/Commonwealth's facilities for another jurisdiction.

This survey covers all sentenced and unsentenced inmates in your custody on December 31, 2025.

NCLUDE your jurisdiction's inmates and inmates your Territory/Commonwealth housed for other jurisdictions who were physically located in your prison facilities on December 31, 2025.

EXCLUDE your Territory's/Commonwealth's inmates held outside of your prison facilities.

INSTRUCTIONS

Please do not leave any item blank.

If the answer to a question is "not available" or "unknown," write "DK" in the space provided.

If the answer to a question is "not applicable" write "NA" in the space provided.

If the answer to a question is "none" or "zero," write "0" in the space provided.

Please give the name, title, telephone number, fax number and e-mail address of the person filling out the report in the space provided above.

		SECTION I - YEAR-END JU	RISDICTION	COUNTS						
	On December 31, 2025, how many inmates under your jurisdiction- Please do not count any inmates in more than one category. Include all inmates for whom your Territory/Commonwealth government has the legal authority and responsibility for the enforcement of their prison sentence, regardless of their location.									
	a. Had a total maximum	December 31	December 31, 2025		, 2024 (If					
	 Include inmates serving add to more than 1 yea Include inmates serving which the sentence for more than 1 year. 	Male	Female	Male	Female					
	b. Had a total maximum	sentence of 1 year or less?								
	c. Were unsentenced?									
	d. TOTAL (Sum of Items 1a through	1c)								
2.	How complete are the c	ounts in item 1, above? Mark (X) one.								
	 Complete count − Partial count − The figures are based on actual counts of all inmates under your jurisdiction. The figures are based on actual counts of inmates under your jurisdiction but exclude certain types of inmates who should be included in the counts (e.g., inmates housed in other jurisdictions, facilities due to crowding). Please identify the types of inmates excluded in Section V on page 4. The figures are based on estimates rather than actual counts of inmates under your jurisdiction. Please identify which items were estimated, and how the estimates were derived in Section V on 									
		page 4.								
3.	SECTION II - YEAR-END CUSTODY COUNTS 3. On December 31, 2025, how many inmates under your custody- Please do not count any inmates in more than one category. • Include all inmates who are physically located in your Territorial facilities only, including those your Territory housed for another jurisdiction.									
	a. Had a total maximum sentence of more than 1 year?		D ecember 31, 2025		December 31, 2024 (If Available)					
	 Include inmates serving to more than 1 year. Include inmates serving which the sentence for more than 1 year. 	Male	Female	Male	Female					
	b. Had a total maximum	sentence of 1 year or less?								
	c. Were unsentenced?									
	d. TOTAL (Sum of Items 3a through	3c)								
4.	How complete are the c	ounts in item 3, above? Mark (X) one.								
	Complete count — Partial count —	The figures are based on actual counts of The figures are based on actual counts of inmates who should be included in the cofacilities). Please identify the types of included in the cofacilities.	of inmates in you unts (e.g., inmat	ur custody but e tes from anothe	exclude certain type r jurisdiction house					

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Estimate —	The figures are based on estimates rather than actual counts of inmates in your custody. <i>Please</i>
	identify which items were estimated, and how the estimates were derived in Section V on page 4

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SECTION III RACIAL AND	ETHNIC CO	MPOSITION			
5. On December 31, 2025, how many inmates under your jurisdic	ction-				
Please do not count any inmates in more than one category.	Decembe	er 31, 20 25	Pecembe	r 31, 20 24 able)	
Include all inmates for whom your Territory/Commonwealth government has the legal authority and responsibility for the	Mala	Famala			
enforcement of their prison sentence, regardless of their location.	Male	Female	Male	Female	
a. White (not of Hispanic origin)					
b. Black (not of Hispanic origin)					
c. Hispanic or Latino (If your system records indicate Hispanic origin separately from race, enter "NR" in item 5c and report count in NOTES.)					
d. American Indian/Alaska Native (not of Hispanic origin)					
e. Asian (not of Hispanic origin)					
f. Native Hawaiian or Other Pacific Islander (not of Hispanic origin)					
g. Two or more races (not of Hispanic origin)					
h. Additional categories in					
your information system - Specify					
i. Not known					
: TOTAL					
j. TOTAL (Sum of 5a through 5i)					
SECTION IV - CROWDII	NG AND CAP	PACITY			
i. a. On December 31, 2025, how many inmates were under you were housed in facilities operated by other Commonweal	our jurisdiction th/Territory, S	n but tate, or			
authorities solely to ease prison crowding?	Federal authorities, solely to ease prison crowding?				
 INCLUDE only inmates that were held in a prison in another Commonweath/Territory, State, or in the Federal system, solely to 	o ease prison		Male	er 31, 20 25 Female	
crowding.EXCLUDE inmates held outside your jurisdiction's facilities for					
reasons other than crowding (e.g., work release, court appearanc hospitals, treatment programs).	e,				
b. Are these inmates included in the counts in Section I, ite	em 1d?			c. What was	the
Yes No — Please explain in Section V on page				design cap	ac
. On December 31, 2025, what was the capacity of your prison	n system?			inmates th	at
 If your system has more than one prison, enter the combined capa 		planners o architects	r		
If the answer is "not available" or "unknown," write "DK" in the spin to	•			intended fo	
If the answer is "not applicable," write "NA" in the space provided A What was the grated aspective? Output Description:	•			institutions within!your	
 a. What was the rated capacity? o The number of beds or inmates assigned by rating officials 	s to institutions.			jurisdiction	
b. What was the operational capacity?					
 The number of inmates that can be accommodated based of programs, and services in institutions. 	on staff, existing!				

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Male Female

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SECTION V - EXPLANATORY NOTES	

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