

# NPS-1B(T)

OMB No. 1121-0102: Approval Expires 07/31/2020

**RETURN  
TO**

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

FORM **NPS-1B(T)**  
(7-31-2020)

## National Prisoner Statistics Prison Population Report 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](mailto:tom_rich@abtassoc.com)) or the **BJN NPS Program Manager, E. Ann Carson** (202-616-3496 or [elizabeth.carson@ojp.usdoj.gov](mailto:elizabeth.carson@ojp.usdoj.gov)).
- Please submit the completed questionnaire by emailing a scanned copy of the form to [tom\\_rich@abtassoc.com](mailto: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.

#### Who does this survey cover?

*This survey covers all sentenced and unsentenced inmates under your jurisdiction on **December 31, 2017**, regardless of the location of the inmates.*

- INCLUDE 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).
- INCLUDE 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, 2017**.

- INCLUDE your jurisdiction's inmates and inmates your Territory/Commonwealth housed for other jurisdictions who were physically located in! your prison facilities on **December 31, 2017**.
- 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 JURISDICTION COUNTS

### 1. On December 31, 2017, 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 sentence of more than 1 year?

- Include inmates serving consecutive sentences that add to more than 1 year.
- Include inmates serving concurrent sentences in which the sentence for the most serious offense is more than 1 year.

**December 31, 2017**

**December 31, 2016  
(If Available)**

Male                  Female

Male                  Female

|  |  |  |  |  |
|--|--|--|--|--|
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#### b. Had a total maximum sentence of 1 year or less?

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#### c. Were unsentenced?

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#### d. TOTAL

(Sum of Items 1a through 1c)

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|--|--|--|--|--|

### 2. How complete are the counts in item 1, above? Mark (X) one.

- Complete count** — The figures are based on actual counts of all inmates under your jurisdiction.
- Partial count** — 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.
- Estimate** — 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.

## SECTION II – YEAR-END CUSTODY COUNTS

### 3. On December 31, 2017, 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?

- Include inmates serving consecutive sentences that add to more than 1 year.
- Include inmates serving concurrent sentences in which the sentence for the most serious offense is more than 1 year.

**December 31, 2017**

**December 31, 2016  
(If Available)**

Male                  Female

Male                  Female

|  |  |  |  |  |
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#### b. Had a total maximum sentence of 1 year or less?

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#### c. Were unsentenced?

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#### d. TOTAL

(Sum of Items 3a through 3c)

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### 4. How complete are the counts in item 3, above? Mark (X) one.

- Complete count** — The figures are based on actual counts of all inmates under your custody.
- Partial count** — The figures are based on actual counts of inmates in your custody but exclude certain types of inmates who should be included in the counts (e.g., inmates from another jurisdiction housed in your facilities). Please identify the types of inmates excluded in Section V on page 4.
- Estimate** — The figures are based on estimates rather than actual counts of inmates in your custody. Please identify which items were estimated, and how the estimates were derived in Section V on page 4.

### SECTION III RACIAL AND ETHNIC COMPOSITION

**5. On December 31, 2017, 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.

**December 31, 2017**

**December 31, 2016  
(If Available)**

Male                      Female                      Male                      Female

|   |  |  |  |  |
|---|--|--|--|--|
| <b>a. White</b> (not of Hispanic origin) .....  |  |  |  |  |
| <b>b. Black</b> (not of Hispanic origin) .....  |  |  |  |  |
| <b>c. Hispanic or Latino</b> (If your system records indicate Hispanic origin separately from race, enter "NR" in item 5c and report count in NOTES.) ..... |  |  |  |  |
| <b>d. American Indian/Alaska Native</b><br>(not of Hispanic origin) .....   |  |  |  |  |
| <b>e. Asian</b> (not of Hispanic origin) .....  |  |  |  |  |
| <b>f. Native Hawaiian or Other Pacific Islander</b><br>(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><br><br>  |  |  |  |  |
| <b>i. Not known</b> .....   |  |  |  |  |
| <b>j. TOTAL</b><br>(Sum of 5a through 5i) .....   |  |  |  |  |

### SECTION IV – CROWDING AND CAPACITY

**6. a. On December 31, 2017, how many inmates were under your jurisdiction but were housed in facilities operated by other Commonwealth/Territory, State, or Federal authorities, solely to ease prison crowding?**

- INCLUDE only inmates that were held in a prison in another Commonwealth/Territory, State, or in the Federal system, solely to ease prison crowding.
- EXCLUDE inmates held outside your jurisdiction's facilities for reasons other than crowding (e.g., work release, court appearance, hospitals, treatment programs).

**December 31, 2017**

Male                      Female

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**b. Are these inmates included in the counts in Section I, item 1d?**

- Yes                       No — *Please explain in Section V on page 4.*

**7. On December 31, 2017, what was the capacity of your prison system?**

- If your system has more than one prison, enter the combined capacity.
- If the answer is "not available" or "unknown," write "DK" in the space provided.
- If the answer is "not applicable," write "NA" in the space provided.

**December 31, 2017**

Male                      Female

**a. What was the rated capacity?**

- The number of beds or inmates assigned by rating officials to institutions. ....

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**b. What was the operational capacity?**

- The number of inmates that can be accommodated based on staff, existing programs, and services in institutions. ....

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**c. What was the design capacity?**

- The number of inmates that planners or architects intended for all institutions within! your jurisdiction. ....

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**SECTION V - EXPLANATORY NOTES**