

RETURN TO

U.S. Census Bureau Governments Division Washington, DC 20233-6800 FORM **NPS-1B** (10-24-2012)

National Prisoner Statistics Summary of Sentenced Population Movement 2012 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

| | DATA SUPPLIED BY | | | | | | | | | |
|-----------|------------------|--------|-----------|---------------|----------|-----------|----------------|--|--|--|
| NAME | | | | | Title | Э | | | | |
| TELEPHONE | Area Code | Number | Extension | FAX NUMBER | Area Coo | le Number | E-MAIL ADDRESS | | | |

GENERAL INFORMATION

- If you have any questions, call the U.S. Census Bureau at 1-800-253-2078, or e-mail govs.nps@census.gov.
- Please complete the questionnaire before February 22, 2013 using the web-reporting option, by mailing the completed form to the U.S. Census Bureau in the enclosed envelope, or by FAXing all pages to 1-888-891-2099.
- Please retain a copy of the completed form for your records.

What types of inmates are included?

Inmates under your jurisdiction on December 31, 2012

- 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, 2012

- · 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 December 31, 2012.
- If your jurisdiction can have the type of inmate described, but did not have any during December 31, 2012, enter "O" (Zero) in the space provided.

| | SECTION I – YEAR-END P | RISON CO | UNTS | | | | |
|-------------|--|----------|---------|-------------------------------------|---------|---------------------|--|
| С | on December 31, 2012, how mar ustody — Exclude inmates held in local jails, pr | | | Data reported for December 31, 2011 | | | |
| • | facilities in other jurisdictions. Include inmates held in any public facincluding halfway houses, camps, far | | | | | | |
| | centers, and hospitals. Had a total maximum | Male | Female | Male | Female | | |
| a | sentence of more than 1 year (Include inmates with consecutive sentences that add to more than 1 year.) | iviale | i emale | ividie | i emale | ←— Update as needed | |
| b | . Had a total maximum sentence of 1 year or less | | | | | | |
| С | . Were unsentenced | | | | | | |
| d | . TOTAL (Sum of items 1a to 1c) | | | | | | |
| 2. O | Mark (X) this box if custody numbers comparable to 2011. Explain in NOT on December 31, 2012, how manurisdiction — | ES. | | | | | |
| а | . 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 | | | | | | |
| С | . Were unsentenced | | | | | | |
| d | . TOTAL (Sum of items 2a to 2c) | | | | | | |
| | Mark (X) this box if jurisdiction number comparable to 2011. Explain in NOT | | are not | | | | |
| | | | | | | | |

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| 3. | On December 31, 2012, how majurisdiction were housed in a pricorrectional facility — | inder your ited | Da | Data reported for December 31, 2011 | | | | |
|----|--|--------------------|----------------------|-------------------------------------|------|--------|--------------------|--|
| | Exclude inmates housed in any publif under contract. | cility, even | | | | | | |
| | Include inmates housed in any privately operated halfway houses, treatment facilities, hospitals, or other special facility. | | | | | | | |
| | | Male | Female | | Male | Female | | |
| | | | | | | | | |
| | a. In your State | | | | | | ← Update as needed | |
| | b. In another State | | | | | | | |
| | c. Are these inmates included | Male | Female | | | | | |
| | in item 2? | 1 Yes 2 No | 1 Yes 2 No | | | | | |
| | (If item 3c is "NO", explain in the NOTE | ES section.) | | | | | | |
| 4. | On December 31, 2012, how majurisdiction were housed in locaby a county or other local autho | ıl facilities or | nder your perated | | | | | |
| | Exclude inmates housed in privately (reported in items 3a and 3b). | · | | | | | | |
| | Include inmates housed in local facil other arrangement. | | | | | | | |
| | | Male | Female | | Male | Female | | |
| | a. TOTAL | | | | | | ← Update as needed | |
| | (If "0" (zero), skip to item 5.) | | | | | | | |
| | b. Are these inmates included in item 2? | Male 1 Yes 2 No | Female 1 Yes 2 No | | | | | |
| | (If item 4b is "NO", explain in the No | OTES section.) | | | | | | |
| 5. | On December 31, 2012, how majurisdiction were housed — | ny inmates u | nder your | | | | | |
| | Exclude inmates housed in privately (reported in items 3a and 3b) and inijails (reported in item 4a). | mates housed in | | | | | | |
| | jano (roponesa ni nom raj) | Male | Female | | Male | Female | | |
| | a. In Federal facilities | | | | | | ← Update as needed | |
| | b. In other States' facilities — | | | | | | | |
| | Include only those inmates house facilities in other States. | | | | | | | |
| | | Male | Female | | Male | Female | | |
| | | | | | | | ← Update as needed | |
| | (If "0" (zero) in items 5a and 5b, ski | | | | | | | |
| | c. Are these inmates included in item 2? | Male 1 Yes 2 No | Female 1 Yes 2 No | | | | | |
| | (If item 5c is "NO", explain in the N | OTES section.) | | | | | | |

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| SEC | CTION I – YEAR-END PRISON (| COUNTS - C | ontinuea | SECTION II - ADMISSIONS AND RELEASES DURING 2012 | | | | |
|------------------------------------|--|--------------|-----------|---|--|--|--|--|
| | ecember 31, 2012, how many | y inmates ui | nder your | Reporting Instructions | | | | |
| , | insert for race/ethnicity definitions.) | Male | Female | Include only those inmates with a total maximum sentence of more than 1 year. | | | | |
| a. White (not of Hispanic origin.) | | | | Include inmates under your jurisdiction, regardless of where they are housed. | | | | |
| b. B | lack or African American ot of Hispanic origin.) | | | Exclude short-term movements (less than 30 days) where jurisdiction is retained (e.g., to court and on furlough.) | | | | |
| c. H | ispanic or Latino | | | 7. Between January 1, 2012, and December 31, 2012, how many sentenced inmates under your jurisdiction were admitted as — | | | | |
| d. A | merican Indian/Alaska ative (not of Hispanic origin.) | | | Male Female a. New court commitments (Include probation violators entering prison on the probated | | | | |
| | | | | sentence.) | | | | |
| e. A | sian (not of Hispanic origin.) | | | b. Parole violators — (1) with a new sentence | | | | |
| P | ative Hawaiian or other acific Islander (not of ispanic origin.) | | | (2) Without a new sentence (Include violators returned without a new sentence, | | | | |
| g. T | wo or more races (not of ispanic origin.) | | | those held pending a hearing, and those not formally revoked.) | | | | |
| y | dditional categories in our information system – oecify | | | c. Other conditional release violators (Include returns from mandatory release other than parole, and shock | | | | |
| | | | | probation.) (1) with a new sentence | | | | |
| | OTAL (Sum of items So to Si | | | (2) without a new sentence | | | | |
| | OTAL (Sum of items 6a to 6i nould equal item 2d) | | | 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) | | | | |

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| 8. Between January 1, 2012, and December 31, 2012, how many sentenced inmates released from your | | | December 3 | 1, 2012, | 9. How many inmates with a total maximum sentence of |
|--|------------|--|--------------|----------|--|
| | | many sentenced inmates diction were — | released fro | m your | more than one year were — Male Female |
| | a. U | nconditional releases | | | a Under very inviediation on |
| | (1 | l) Expirations of sentence | Male Female | | a. Under your jurisdiction on January 1, 2012 |
| | ١, | (Include inmates who served | | | |
| | | their maximum sentence minus credits.) | | | b. Admitted during 2012 |
| | | minus credits.) | | | (Transcribe from item 7i) |
| | (2 | 2) Commutations (Include | | | |
| | | inmates whose sentence was lowered to time served to | | | c. Released during 2012 |
| | | allow for an immediate | | | (Transcribe item 8i) |
| | | unconditional release.) | | | d Haday yaya iyaladiatian |
| | 13 | 3) Other unconditional | | | d. Under your jurisdiction on December 31, 2012 |
| | ,, | releases - Specify | | | (Add items 9a and 9b, |
| | | | | | subtract item 9c, should equal item 2a.) |
| | | | | | equal item za.) |
| | | | | | SECTION III – PRISON SYSTEM CAPACITY |
| | b. C | onditional releases | | | 10. On December 31, 2012, what was the capacity of |
| | (1 | I) Probations (Include | | | your prison system? |
| | Ī | inmates released on shock | | | Male Female a. Rated capacity (The number |
| | | probation or placed on probation and conditionally | | | of beds or inmates assigned by |
| | | released.) | | | rating officials to institutions |
| | 12 | 2) Supervised mandatory | | | within your jurisdiction.) |
| | \- | releases (Include inmates | | | b. Operational capacity (The |
| | | who by law had to be | | | number of inmates that can be accommodated based on staff. |
| | | conditionally released.) | | | existing programs, and services |
| | | | | | in institutions within your |
| | 10 | N Discretionery neveloc | | | jurisdiction.) |
| | (3 | B) Discretionary paroles | | | c. Design capacity (The number |
| | (4 | I) Other conditional | | | of inmates that planners or architects intended for all |
| | | releases - Specify | | | institutions within your |
| | | | | | jurisdiction.) |
| | | | | | |
| | | | | | SECTION IV – SPECIAL CUSTODY POPULATIONS |
| | . D | eaths | | | 11. On December 31, 2012, how many inmates in your |
| | C. D | eaths | | | custody were under age 18? |
| | | | | | Male Female |
| | дΔ | WOLS | | | |
| | A | | | | |
| | | | | | |
| | e. E | scapes from confinement | | | 12. On December 31, 2012, how many inmates in your |
| | | | | | custody were not citizens of the United States? |
| | | ransfers to other | | | Male Female |
| | ju | irisdictions (Include inmates ent to other jurisdictions to | | | |
| | CC | ontinue sentences already in | | | |
| | fo | rce.) | | | |
| | | | | | |
| | _ | | | | |
| | g. R | eleases to appeal or bond | | | |
| | L A | ther releases Cresify | | | |
| | n. U | ther releases - Specify | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | OTAL | | | |
| | (8 | Sum of items 8a to 8h) | | | |

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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 orcriteria 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, 2012, which of the following <u>best</u> 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 |

- ☐ Did not provide HIV testing (Skip to Question 15)
- 14. On December 31, 2012, 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

tested if they requested one Other (Please specify)

- 15. On December 31, 2012, 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 examinationsTested 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
 - U Other (Please specify)

| | Did | not | provide | HIV | testing |
|---|-----|------|---------|--------|----------|
| _ | | 1101 | provide | 1 11 V | toothing |

| IV// | AIDS | | | | | | | | |
|---|--|-----------------|-----------------------|--|--|--|--|--|--|
| des | December 31, 2012, which ocribed HIV testing among incharge planning?(Check only | nmates durin | ing <u>best</u> ig | | | | | | |
| Ex | clude all testing done upon exit or xclude all testing done upon entry ıstody. | | | | | | | | |
| ☐ 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 | | | | | | | | |
| cus | December 31, 2012, how materials were — | | | | | | | | |
| | clude all inmates under your custo ngth. | ouy, regardiess | oi sentence | | | | | | |
| a. <i>I</i> | Asymptomatic HIV positive Inmates who were HIV | Male | Female | | | | | | |
| þ | positive but had no HIV-related bymptoms.) | | | | | | | | |
| | nfected with lesser forms | | | | | | | | |
| (| of symptomatic HIV disease Inmates who had symptoms of | | | | | | | | |
| H | HIV infection but without a confirmed AIDS diagnosis.) | | | | | | | | |
| · | onlinined Aido diagnosis. | | | | | | | | |
| c. (| Confirmed to have AIDS | | | | | | | | |
| | | | | | | | | | |
| | FOTAL Sum of items 17a to 17c) | | | | | | | | |
| | | | | | | | | | |
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| | SE | CTION VI – NOTES | | |
|--------------------------------|-----------------------------------|-----------------------------------|---------------------|--|
| Please review last year's expl | anatory notes and make any cor | rections, additions, or deletions | necessary for 2012. | |
| Please mark (X) box to inc | dicate that you have reviewed and | d updated the notes. | | |
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