NPS-	1B				OMB No. 1121-0102: Approval Expires 05/31/2011					
RETURN TO	U.S. Censu Governmer Washingtor		FORM NPS (10-25-2010)	Na	Summar	risoner Statistic y of Sentenced ion Movement 2010	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					
TELEPHONE		Number	Extension	FAX NUMBER	Area Code	Number	E-MAIL ADDRESS			

GENERAL INFORMATION

- If you have any questions, call the U.S. Census Bureau at 1-800-352-7229, or e-mail govs.nps@census.gov.
- Please complete the questionnaire before **February 25, 2011** 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, 2010

- 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, 2010

- 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.

			NETRUSTIONS						
 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 December 31, 2010, enter 				any during					
SECTION I – YEAR-END PI	RISON CO	UNTS							
1. On December 31, 2010, how many custody —	y inmates u	ınder your							
 Exclude inmates held in local jails, privilation facilities in other jurisdictions. 	vate facilities,	and	Data reporte	ed for Decem	ber 31, 2009				
 Include inmates held in any public faci including halfway houses, camps, farm centers, and hospitals. 									
a. Had a total maximum	Male	Female	Male	Female					
sentence of more than 1 year (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									
c. Were unsentenced									
c. were unsentenceu									
d. TOTAL									
(Sum of items 1a to 1c)	6 00/0								
Mark (X) this box if custody numbers comparable to 2009. Explain in NOTI		not							
2. On December 31, 2010, how many	y inmates u	ınder your							
jurisdiction —									
a. 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									
c. Were unsentenced									
d. TOTAL (Sum of items 2a to 2c)									
	ars for 2010 c	are not							
Mark (X) this box if jurisdiction number comparable to 2009. Explain in NOT		are not							

 Exclude immates housed in any publicly operated facility, even if under contrast. Include immates housed in any privately operated hallway. houses, treatment facilities, hospitals, or other special facility. Male Female Male	 On December 31, 2010, how many inmates under your jurisdiction were housed in a privately operated correctional facility — 				Data reported for December 31, 2009				
houses, treatment facilities, hospitals, or other special facility. Male Female Male Female Image: Female Image: Female a. In your State Image: Female Image: Female Image: Female b. In another State Image: Female Image: Female Image: Female C. Are these inmates included in the NOTES section.) Image: Female Image: Female Image: Female 4. On December 31, 2010, how many inmates under your jurisdiction were housed in local facilities operated facilities operated facilities under contract or other arrangement. Male Female a. TOTAL Image: Female Image: Female Image: Female a. TOTAL Image: Female Image: Female Image: Female in Item 23: Image: Female Image: Female Image: Female in CotAL Image: Female Image: Female Image: Female in CotAL Image: Female Image: Female Image: Female in CotAL Image: Female Image: Female Image: Female in Fodoral facilities Image: Female Image: Female Image: Female in Fodoral facilities Image: Female Image: Female Image: Female <td></td> <td>icly operated fa</td> <td>icility, even</td> <td></td> <td></td> <td></td> <td></td>		icly operated fa	icility, even						
a. In your State Male Female b. In another State Male Female c. Are these inmates included Male Female j_No j_No j_No d(I' hem 3c is 'NO'; explain in the NOTES section.) Male Female d. On December 31, 2010, how many inmates under your jurisdiction were housed in local facilities operated facilities (reported in items 3a and 3b). Male Female a. TOTAL Male Female Male Female b. Are these inmates housed in privately operated facilities (reported in items 3a and 3b). Male Female b. Are these inmates housed in privately operated facilities (reported in item 3a) Male Female a. TOTAL	 Include inmates housed in any priva houses, treatment facilities, hospital 	tely operated h s, or other spec	alfway ial facility.						
b. In another State C. Are these inmates included Male Permale (If item 3c is 'NO', explain in the NOTES section.) 4. On December 31, 2010, how many inmates under your jurisdiction were housed in local facilities operated to by a county or other local authority? • Exclude inmates housed in local facilities under contract or other arrangement. Male Fermale • Total. (If 'O' (zero), skip to item 5.) • Are these inmates included • Male • Erectude inmates housed in privately operated facilities • Count in the NOTES section.) 5. Are these inmates included • Male • Erectude inmates housed in privately operated facilities • Count in them 32 and 30 and inmates noter your interes and 30 and inmates housed in local facilities in other states' facilities • Evolute inmates housed in State-operated facilities (reported in item 3a) and 30 and inmates housed in local gains (reported in item 3a) and 30 and inmates housed in local facilities (reported in item 3a) and 30 and inmates housed in local gains (reported in item 3a). • Evolute inmates housed in State-operated facilities (reported in item 3a). • Evolute inmates housed in State-operated facilities (reported in item 3a). • In other States' facilities • In other States' facilities • In other States' facilities • In other States, Male • Fermale • In other States, Male • Fermale • In other States, facilities in other States, Male • Fermale • In other States, Male • In other States, States, Male • Fermale • In other States, States, Male • In the State of States, State, State, States, Male • In the State of State,		Male	Female		Male	Female			
c. Are these inmates included Male Female Ns Yss Nss Ns Nss Nss Nss Nss Nss Nss Nss Nss Nss Nss Nss Nss Nss Nss Nsss Nss Nss Nssssssssssssssssssssssssssssssss	a. In your State						Update as needed		
c. Are these immutes included in item 22: Immutes base of the states included in the NOTES section.) 4. On December 31, 2010, how many immetes under your pristicities on the states of in local facilities operated (If them 3c is "NO", explain in the NOTES section.) 4. On December 31, 2010, how many immetes under your pristicities intems 3a and 3b). • Include immates housed in privately operated facilities (If '0' (zero), skip to item 5.) b. Are these immates included in item 23: • Linctude immates housed in privately operated facilities (If '0' (zero), skip to item 5.) b. Are these immates included in item 23: • Linctude immates housed in privately operated facilities (reported in item 4a). • Male • Exclude immates housed in privately operated facilities (reported in item 4a). • Male Female • Linctude only those immates housed in local facilities • Linctude only those immates housed in State-operated facilities in other States. • Male Female • In other States 'racilities • Male Female • In terms 5a and 5b, skip to item 6.] • In other States. Male • In terms 5a and 5b, skip to item 6.] • In other States. Male • In endite only those immates housed in State-operated facilities in other States. Male	b. In another State								
 4. On December 31, 2010, how many immates under your jurisdiction were housed in local facilities operated facilities (reported in litems 3a and 3b). e. Exclude immates housed in local facilities under contract or other arrangement. Male Female a. TOTAL a. TOTAL (If '0' (zero), skip to item 5.) b. Are these inmates included in Second facilities (reported in item 3a and 3b) and immates housed in local facilities (reported in item 32 and 3b) and immates under your jurisdiction were housed — f. Exclude inmates housed in privately operated facilities (reported in item 4a). Male Female a. In Federal facilities b. In other States: Male Female d. In Federal facilities — f. In Gude only those inmates housed in State-operated facilities in other States. Male Female Male Female (If '0'(zero) in items 5a and 5b, skip to item 6.) c. Are these inmates included ['0' yes 2 \) No 		1 Yes	1 Ves						
jurisdiction were housed in 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 a. TOTAL (If "0" (zero), skip to item 5.) b. Are these inmates included in them 2? (If item 4b is "NO", explain in the NOTES section.) 5. On December 31, 2010, how many inmates under your jurisdiction were housed in privately operated facilities (reported in item 3a and 3b) and inmates housed in local jalls (reported in item 4a). Male Female a. In Federal facilities b. In other States' facilities (If "0" (zero) in items 5a and 5b, skip to item 6.) (If "0" (zero) in items 5a and 5b, skip to item 6.) (If "0" (zero) in items 5a and 5b, skip to item 6.) (If "0" (zero) in items 5a and 5b, skip to item 6.) (If "0" (zero) in items 5a and 5b, skip to item 6.) (If "0" (zero) in items 5a and 5b, skip to item 6.) (If "0" (zero) in items 5a and 5b, skip to item 6.) (If "0" (zero) in items 5a and 5b, skip to item 6.) (If "0" (zero) in items 5a and 5b, skip to item 6.) (If "0" (zero) in items 5a and 5b, skip to item 6.) (If "0" (zero) in items 5a and 5b, skip to item 6.) (I	(If item 3c is "NO", explain in the NOTI	ES section.)							
(reported in items 3a and 3b). • Include inmates housed in local facilities under contract or other arrangement. Male Female a. TOTAL Male Female Male Female a. TOTAL Male Female Male Female b. Are these inmates included in item 5.) Male Female ✓ Update as needed b. Are these inmates included in item 5.0 Male Female ✓ ✓ b. Are these inmates included in item 5.0 Male Female ✓ ✓ b. Are these inmates included in item 5.0 Male Female ✓ ✓ ✓ c. (If item 4b is "NO", explain in the NOTES section.) ✓ ✓ ✓ ✓ ✓ ✓ ✓ 5. On December 31, 2010, how many inmates housed in local jaits (reported in item 3a and 3b) and inmates housed in local jaits (reported in item 4a). Male Female Male ✓ ✓ ✓ Update as needed b. In other States' facilities Male Female Male Female ✓ ✓ Update as needed (If "0"(zero) in items 5a and 5b, skip to item 6.) ✓ ✓ ✓ ✓ ✓ <	jurisdiction were housed in loca	I facilities o	nder your perated						
other arrangement. Male Female A TOTAL Image: Semale (If "0" (zero), skip to item 5.) b. Are these inmates included in item 2? in item 2? imitem 2? imitem 2 imitem 2 imitem 4b is "NO", explain in the NOTES section.) So On December 31, 2010, how many inmates under your jurisdiction were housed — Key the initem 4a). Male Female		operated facilit	ies						
Male Female Male Female a. TOTAL Male Female		ities under cont							
(If "0" (zero), skip to item 5.) Male Female b. Are these inmates included Male Female 1 Yes 1 Yes 2 No 2 No 2 No 2 No (If item 4b is "NO", explain in the NOTES section.) So On December 31, 2010, how many inmates under your jurisdiction were housed in privately operated facilities (reported in item 5a and 3b) and immates housed in local jails (reported in item 4a). Male Female • Exclude inmates housed in privately operated facilities (reported in item 4a). Male Female Male Female (If "0"(zero) in items 5a and 5b, skip to item 6.)		Male	Female		Male	Female			
b. Are these inmates included Male Female 1 □ Yes 1 □ Yes 2 □ No 2 □ No (If item 4b is "NO", explain in the NOTES section.) 5. On December 31, 2010, how many inmates under your jurisdiction were housed — • Exclude inmates housed in privately operated facilities (reported in item 3a and 3b) and inmates housed in local jails (reported in item 4a). Male Female Male Female<	a. TOTAL						Update as needed		
b. Are these inmates included in item 2? 1 1 Yes 2 No 2 No 2 No 1 Yes 2 No 2 No i I Yes 2 No 1 Yes 2 No i I Yes 2 No 1 Yes 2 No i I Yes 2 No 1 Yes 2 No i I item 4b is "NO", explain in the NOTES section.) 5. On December 31, 2010, 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 a. In Federal facilities b. In other States' facilities — • Include only those inmates housed in State-operated facilities in other States. Male Female Male Female (If "0"(zero) in items 5a and 5b, skip to item 6.) c. Are these inmates included Male 1 Yes 2 No 1 Yes 2 No	(If "0" (zero), skip to item 5.)								
 5. On December 31, 2010, 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 a. In Federal facilities — • In other States' facilities — • Include only those inmates housed in State-operated facilities in other States. Male Female (If "0"(zero) in items 5a and 5b, skip to item 6.) c. Are these inmates included Male Female 1 _ Yes 1 _ Yes 2 _ No 2 _ No 		1 Ves	1 Yes						
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(reported in items 3a and 3b) and inmates housed in local jails (reported in item 4a). Male Female Male Female Male Female a. In Federal facilities Image: Semale Male Female b. In other States' facilities – • Include only those inmates housed in State-operated facilities in other States. Male Female Male Female Male Female (If "0"(zero) in items 5a and 5b, skip to item 6.) c. Are these inmates included Male Female 1 Yes 1 Yes 2 No 2 No	5. On December 31, 2010, how ma jurisdiction were housed —	ny inmates u	nder your						
And the male Male Female And the male Male Female And the male Male And the male Male Female									
b. In other States' facilities — • Include only those inmates housed in State-operated facilities in other States. Male Female Male Female (If "0"(zero) in items 5a and 5b, skip to item 6.) c. Are these inmates included in item 2? Male Image: Ima					Male	Female			
b. In other States' facilities — • Include only those inmates housed in State-operated facilities in other States. Male Female Male Female (If "0"(zero) in items 5a and 5b, skip to item 6.) c. Are these inmates included in item 2? Male Image: Ima									
 Include only those inmates housed in State-operated facilities in other States. Male Female Male Female Male Female Male Image: State of the state							Update as needed		
Male Female Male Female Male Female Male Female (If "0"(zero) in items 5a and 5b, skip to item 6.) Male Female Male Female Male 1 Yes 1 2 No 2	 Include only those inmates hous 	ed in State-ope	rated						
(If "0"(zero) in items 5a and 5b, skip to item 6.) C. Are these inmates included in item 2? A second seco		Male	Female		Male	Female			
(If "0"(zero) in items 5a and 5b, skip to item 6.) C. Are these inmates included in item 2? A second seco							Update as needed		
c. Are these inmates included in item 2? A second of the s	(If "0"(zero) in items 5a and 5b, ski	p to item 6.)							
2 🗌 No 2 🗌 No									
(If item 5c is "NO", explain in the NOTES section.)		_							
	(If item 5c is "NO", explain in the N	OTES section.)							

SECTION I – YEAR-END PRISON COUNTS – Continued	SECTION II – ADMISSIONS AND RELEASES DURING 2010
6. On December 31, 2010, how many inmates under your jurisdiction were — (See insert for race/ethnicity definitions.)	 Include only those inmates with a total maximum sentence of more than 1 year. Include inmates under your jurisdiction, regardless of where
a. White (not of Hispanic origin.)	 they are housed. Exclude short-term movements (less than 30 days) where jurisdiction is retained (e.g., to court and on furlough.)
b. Black or African American (not of Hispanic origin.)	7. Between January 1, 2010, and December 31, 2010, how many sentenced inmates under your jurisdiction were admitted as —
c. Hispanic or Latino	Anale Female a. New court commitments (Include probation violators entering prison on the probated
d. American Indian/Alaska Native (not of Hispanic origin.)	b. Parole violators —
e. Asian (not of Hispanic origin.)	(1) with a new sentence
 f. Native Hawaiian or other Pacific Islander (not of Hispanic origin.) g. Two or more races (not of 	(Include violators returned without a new sentence, those held pending a hearing, and those not formally revoked.)
 Hispanic origin.) h. Additional categories in your information system – Specify 	c. Other conditional release violators (Include returns from mandatory release other than parole, and shock probation.)
i. Not known	(1) with a new sentence(2) without a new sentence
j. TOTAL (Sum of items 6a to 6i should 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)

urisdie	ction were —				Male	Female
a. Unc	onditional releases	Male	Female	a. Under your jurisdiction on		
(1) E	Expirations of sentence	Indic	remaie	January 1, 2010		
	Include inmates who served					
	heir maximum sentence ninus credits.)			b. Admitted during 2010		
	,			(Transcribe from item 7i)		
	commutations (Include					
	nmates whose sentence was owered to time served to			c. Released during 2010		
a	llow for an immediate			(Transcribe item 8i)		
U	inconditional release.)			d. Under your jurisdiction		
(3) (Other unconditional			on December 31, 2010		
r	releases – Specify			(Add items 9a and 9b,		
				subtract item 9c, should equal item 2a.)		
				SECTION III – PRISON SY		
o. Con	ditional releases					
(1) 5	Probations (Include			10. On December 31, 2010, what w your prison system?		-
i i	nmates released on shock			a Rated canacity (The number	Male	Female
	probation or placed on probation and conditionally			a. Rated capacity (The number of beds or inmates assigned by		
	eleased.)			rating officials to institutions		
(0) 6	unamicad mandatory			within your jurisdiction.)		
	Supervised mandatory eleases (Include inmates			b. Operational capacity (The		
v	vho by law had to be			number of inmates that can be		
C	conditionally released.)			accommodated based on staff, existing programs, and services		
				in institutions within your		
(2)	liconationary narales			jurisdiction.)		
	Discretionary paroles			c. Design capacity (The number		
(4) Other conditional releases – Specify			of inmates that planners or architects intended for all			
	orouges - opeony			institutions within your		
				jurisdiction.)		
c. Deat	ths					
d. AWC)LS					
e. Esca	apes from confinement					
f Tran	sfers to other					
juris	dictions (Include inmates					
sent	to other jurisdictions to					
force	nue sentences already in .)					
	,					
g. Rele	ases to appeal or bond					
n. Othe	er releases - Specify					
і. ТОТ	AL					

SECTION IV - HIV	AIDS	SECTION V - NOTES	
 11. During 2010, were any inmates untested for the antibody to the Hum Immunodeficiency Virus (HIV) that a. 1 Yes 2 No - Skip to item 12. 	nan	 Please review last year's explanatory notes and make any corrections, additions, or deletions necessary for 2010. Please mark (x) box to indicate that you have reviewed and updated the notes. 	
b. Under what circumstances we	re inmates test		
(1) All incoming inmates	1 Yes 2	No	
(2) All inmates currently in custody	1 - Yes 2	No	
(3) All inmates at time of release	1 Yes 2	No	
(4) Random samples of inmates while in custody	1 Yes 2	No	
(5) High risk groups – Specify			
	1 Yes 2	□ No	
(6) Upon inmate request	1 Yes 2	No	
(7) Upon court order	1 Yes 2	□ No	
(8) Upon clinical indication of need	1 Yes 2	No	
(9) Upon involvement in incident	1 Yes 2	No	
(10) Other circumstances – Specify			
	1 Yes 2	No	
 12. On December 31, 2010, how many custody were — (Include all inmates regardless of sentence length.) a. Asymptomatic HIV positive 	under your custody	r your /, :male	
(Inmates who were HIV positive but had no HIV-related symptoms.)			
b. Infected with lesser forms of symptomatic HIV disease			
(Inmates who had symptoms of HIV infection but without a confirmed AIDS diagnosis.)			
c. Confirmed to have AIDS			
d. TOTAL (Sum of items 12a to 12c)			