

**FEMALE INMATES  
OKLAHOMA DEPARTMENT OF CORRECTIONS  
CUSTODY ASSESSMENT SCALE**

**A. IDENTIFICATION** Facility: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Inmate Name (Last, First, Middle): \_\_\_\_\_ DOC Number: \_\_\_\_\_  
 Reception Date: \_\_\_\_\_ Race/Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**B. CUSTODY EVALUATION**

(Use the Offense Severity Scale in Attachment A: rate most serious current charge/conviction, including CC,CS, active SS, rebill cases, detainers and warrants)

1. SEVERITY OF CONVICTIONS CURRENT INCARCERATION Score \_\_\_\_\_  
 Low = 0 Moderate = 1 pts. High/ Highest = 4 pts.

Offense \_\_\_\_\_ Case Number \_\_\_\_\_ Discharge/Conviction Date \_\_\_\_\_  
 Case Type \_\_\_\_\_

2. ESCAPE HISTORY Score \_\_\_\_\_

- No escapes or attempts = 0
- Escapes from Community Corrections, Halfway House, PPCS, GPS, EMP = 0
- Two or more escapes from minimum, TDU or juvenile detention past 10 years = 6
- Escape or attempted escape from minimum, TDU or juvenile detention past 5 years = 7
- Any escape or attempted escape from medium or maximum, county jail, juvenile institution, Restricted/Segregated Housing Unit or escape from any level of security that resulted in an injury to another or a felony conviction for a violent crime while on escape status, unless the inmate receives zero points for age. = 10

Facility \_\_\_\_\_ Security Level \_\_\_\_\_ Escape Date \_\_\_\_\_ Apprehension Date \_\_\_\_\_

3. NUMBER OF ACTIVE DISCIPLINARY CONVICTIONS Score \_\_\_\_\_  
 (Class B- last 6 months, Class A – past year, Class X – past 2 years)

None	= 0	Code	Class	Date
One	= 1	_____	_____	_____
Two	= 2	_____	_____	_____
Three or more	= 3	_____	_____	_____

4. MOST SERIOUS DISCIPLINARY CONVICTION Score \_\_\_\_\_  
 (Class B - last 6 months, Class A - past year, Class X Non-Predatory – past year, Class X Predatory – past two years)

None	= 0			
Class B -past 6 months	= 0	Offense Code _____	Offense Class _____	Date of Offense _____
Class A - past year	= 2	Offense Code _____	Offense Class _____	Date of Offense _____
Class X Non-Predatory- past year	= 3	Offense Code _____	Offense Class _____	Date of Offense _____
Class X Predatory X-2 through X-10 - past 2 years	= 4			

5. ASSIGNED PROGRAM PARTICIPATION (during this incarceration) Score \_\_\_\_\_

None, waiting list, enrolled, participating = 0 pts.  
 Completed program (education, career tech, cognitive behavior, re-entry (CIMC Life Skills) or substance abuse treatment during this incarceration). = -1 pt.

Recommended Program: \_\_\_\_\_ Completion/Failure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. ADJUSTMENT Score \_\_\_\_\_

Level 1 = 1  
 Level 2 = 0  
 Level 3 or 4 = -1

7. CURRENT AGE Score \_\_\_\_\_

Age 20 or younger = 3  
 Ages 21 to 31 = 2

Ages 32 to 40 = 1  
Age 41 and older = 0

**8. COMPREHENSIVE SCORE (Add items 1-7)**

**Total Score** \_\_\_\_\_

**C. SCALE SUMMARY AND RECOMMENDATIONS**

**ASSESSED CUSTODY LEVEL**

1. CUSTODY LEVEL INDICATED BY SCALE  
10 or fewer points on items 1-7 = Minimum  
11 or more points on items 1-7 = Medium
2. MANDATORY OVERRIDES (No lower than medium security)
  - Restricted Earned Credits with excessive days
  - Life/Life without Parole
  - ICE Detainer (High and Highest Crime Category)

◦ Time left to serve (Highest crime category)  
◦ Escape Points Greater than 6
3. DISCRETIONARY OVERRIDES FOR HIGHER SECURITY
  - Circumstances of the Offense
  - History of Violence
  - Other (specify) \_\_\_\_\_
  - Time Left to Serve

◦ Felony Detainer/Pending Case(s)
4. DISCRETIONARY OVERRIDES FOR LOWER SECURITY
  - Circumstances of Offense
  - Time Left to Serve

◦ Program Completion  
◦ Other (specify) \_\_\_\_\_
5. RECOMMENDED CUSTODY LEVEL
  - Minimum
  - Medium
6. COMMUNITY PLACEMENT – eligible per OP-060104
7. GPS eligible per OP-061001
8. COMMENTS:

**9. SIGNATURES:**

Preparer's Signature _____	CM Code/Badge: _____	Date: _____
Committee Member _____		Date: _____
Committee Member _____		Date: _____
Committee Chair _____		Date: _____
Inmate Signature _____		Date: _____

**D. REVIEW AUTHORITY:**     Concur     Do not Concur    **Changed to:**     Min.     Med.  
Reason for Change: \_\_\_\_\_

Routine:    Case Mgr./Coord./Supv: \_\_\_\_\_    Date: \_\_\_\_\_  
Non Routine:    Facility Head Signature: \_\_\_\_\_    Date: \_\_\_\_\_  
(If Changed)    Inmate Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**E. DIVISION OFFICE:**     Concur     Do not Concur    **Changed to:**     Min.     Med.  
Reason for Change: \_\_\_\_\_

Division Manager/designee: \_\_\_\_\_    Date: \_\_\_\_\_

**F. POPULATION OFFICE:**     Concur     Do not Concur    **Changed to:**     Min.     Med.  
Reason for Change: \_\_\_\_\_

Administrator/Population Coordinator or Population Officer: \_\_\_\_\_    Date: \_\_\_\_\_