

**MALE 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 = 3 pts. Highest = 5 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 within the 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 _____
 (score only the most serious within the time frames below)

(Class B- last 6 months, Class A - past year, Class X Non-Predatory – past year, Class X Predatory-last 2 years)

None	= 0			
Class B	= 0	Offense Code _____	Offense Class _____	Date of Offense _____
Class A	= 2	Offense Code _____	Offense Class _____	Date of Offense _____
Class X Non-Predatory	= 3	Offense Code _____	Offense Class _____	Date of Offense _____
Class X Predatory (X2 through X-10) (past 2 years)	= 4			
Class X X-2, X-3, X-4 (01-4, 04-1 or 04-8 prior to 11/1/15)(04-3 prior to 9/14/89)	= 4			

this incarceration

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 28 or younger = 4
 Ages 29 to 36 = 3
 Ages 37 to 42 = 2
 Ages 43 to 50 = 1
 Ages 51 and over = 0

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

Total Score _____

C. SCALE SUMMARY AND RECOMMENDATIONS

ASSESSED CUSTODY LEVEL

1. CUSTODY LEVEL INDICATED BY SCALE
 - 8 or fewer points on items 1-7 = Minimum
 - 9 to 16 points on items 1-7 = Medium
 - 17 or more points on items 1-7 = Maximum
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
 - Documented STG Leader and/or perpetrator of STG related violence
 - 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
 - Maximum
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. Max.

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. Max.

Reason for Change: _____

Division Manager/designee: _____ Date: _____

F. POPULATION OFFICE: Concur Do not Concur **Changed to:** Min. Med. Max.

Reason for Change: _____

Administrator/Population Coordinator or Population Officer: _____ Date: _____