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, Juvenile Group Homes, Halfway Houses, PPCS, GPS, EMP =0  
• Two or more escapes from minimum, Transit Detention Unit (TDU) or juvenile detention center past 10 years. =6  
• Escape or attempted escape from minimum, TDU or juvenile detention center past 5 years =7  
• Any escape or attempted escape from medium or maximum, county jail/court house, juvenile institution (COJC and OJC4G), 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. Inmates at age 41 or over, who are within 10 years of the apprehension date for an escape in this section, will be assessed with 10 points for 10 years from the date of apprehension, regardless of age. =10  
Facility ____________ Security Level __________ Escape Date ___________ Apprehension Date __________

3. NUMBER OF ACTIVE DISCIPLINARY CONVICTIONS  
Score ________  
None  = 0  
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 – past 2 years)  
Offense Code _______ Offense Class _____ Date of Offense _______

5. ASSIGNED PROGRAM PARTICIPATION (during this incarceration)  
Score ________  
Completed program (education, career tech, cognitive behavior, re-entry (CIMC Life Skills), substance abuse treatment during this incarceration).  
Recommended Program: _____________________________________ Completion/Failure Date: ____/____/____

6. ADJUSTMENT  
Level 1  = 1  
Level 2  = 0  
Level 3 or 4  = -1  
Score ________

7. CURRENT AGE  
Score ________
8. COMPREHENSIVE SCORE (Add items 1-7)  

Total Score ________

C. SCALE SUMMARY AND RECOMMENDATIONS

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) (check all that apply)
   - Restricted Earned Credits with excessive days
   - Life/Life without Parole/over 100 years
   - 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 (check all that apply)
   - Circumstances of the Offense
   - History of Violence
   - Other (specify) _____________________
   - Time Left to Serve

4. DISCRETIONARY OVERRIDES FOR LOWER SECURITY (check all that apply)
   - Circumstances of Offense
   - Program Completion
   - Time Left to Serve
   - 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: ______

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