

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

---

**A. Identification**

Facility: XXXXXXXXXXXX	Date: 99/99/9999	
Name (Last, First, Middle): XXXXXX, XXXXXX	DOC #: 9999999	
Reception Date: 99/99/9999	Race/Sex: X/X	DOB: 99/99/9999

**B. Custody Evaluation**

- |  |         |
|--|---------|
| <b>1. Number of Institutional Behavioral Crimes in the High Category</b> – Count prior high institutional behavior crimes within the past 10 years and all high institutional behavior crimes during the current incarceration. Counts Count! Not the number of cases. | Points: |
| None   | 0       |
| 1  | 1       |
| 2 - 3  | 3       |
| 4+   | 4       |
| <b>2. Escape History</b>   | Points: |
| No escapes or attempted escapes  | 0       |
| Escape from GPS, Halfway House, or Community Corrections within the past 2 years.  | 3       |
| Escape from Minimum Custody, County Jail, TDU, or Juvenile Detention within the past 5 Years   | 7       |
| Escape from Medium or Maximum Security, Juvenile Secure Institutions (COJC, SWOJC and OKC4G), restricted/special management housing or escape from any level of security that resulted in a felony conviction within the past 10 Years                                 | 10      |
| Escape Facility:                      Security Level:                      Apprehension Date:  |         |
| <b>3. Most Serious Disciplinary Conviction</b>   | Points: |
| None   | 0       |
| Class B within past 6 months   | 1       |
| Class A within past 12 months  | 2       |
| Non-Predatory X within the past 2 years  | 3       |
| Non-Predatory X within the past year   | 4       |
| Predatory X (X-1 thru X-10) within the past 10 years   | 5       |
| Predatory X (X-1 thru X-10) within past 2 years  | 6       |
| <b>4. Number of Active Disciplinary Convictions</b> (Class B- past six months, Class A- past year, Class X- past 2 years)  | Points: |
| None   | 0       |
| 1  | 1       |
| 2 - 3  | 2       |
| 4 - 5  | 3       |
| 6 or more  | 4       |
| <b>5. Program Completions in accordance with OP-090101 Attachment C &amp; D (during the current incarceration)</b>   | Points: |
| 4 or more programs   | -3      |
| 2 - 3 programs   | -2      |
| 1 program  | -1      |

None 0

<b>6. Adjustment Level</b>	Points:
Level 4 or Level 4 Enhanced	-2
Level 3 or Level 3 Enhanced	-1
Level 2	0
Level 1	1

<b>7. Current Age</b>	Points:
60+	-1
46 - 59	0
33 - 45	1
23 - 32	2
22 or younger	3

**Comprehensive Custody Score** (Add factors 1 – 7.) Total Score

### C. Scale Summary and Recommendations

---

#### 1. Custody Scale Indicated by Scale

Minimum = 3 or fewer points

Medium = 4 - 9 Points

High Medium = 10+ Points

#### 2. Mandatory Overrides (No Lower than **Medium** Custody. Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Restricted Earned Credits / Excessive Days | <input type="checkbox"/> Life w/Determinant Time/ Excessive Days |
| <input type="checkbox"/> Life/Life without Parole/Death             | <input type="checkbox"/> Time Left to Serve (Attachment A)       |
| <input type="checkbox"/> ICE Detainer (Attachment A)                | <input type="checkbox"/> Escape points of 7 or greater           |

#### 3. Discretionary Overrides for Higher Custody (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Circumstances of the Offense                                     | <input type="checkbox"/> Time Left to Serve              |
| <input type="checkbox"/> History of Violence  | <input type="checkbox"/> Felony Detainer/Pending Case(s) |
| <input type="checkbox"/> Other (specify):   | <input type="checkbox"/> Medical Reasons                 |
| <input type="checkbox"/> Program Completion   | <input type="checkbox"/> Mental Health Reasons           |
| <input type="checkbox"/> Documented STG leader and/or perpetrator of STG related violence | <input type="checkbox"/> Education/Employment            |

#### 4. Discretionary Overrides for Lower Custody (Check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Circumstances of the Offense     | <input type="checkbox"/> Time Left to Serve |
| <input type="checkbox"/> Intermediate Revocation Facility | <input type="checkbox"/> Other (specify):   |

Program Completion

Delayed Sentence

PPB Stipulation

**5. Recommended Custody Level**

Minimum

Medium

High Medium

**6. Placement Eligibility**

Community Placement – Eligible per OP-060104

GPS Placement – Eligible per OP-061001

**7. Comments:**

**D. SIGNATURES**

---

Custody Level  Concur  Do Not Concur **Change to:**  Min  Med  High Med  
**Reason(s) for Change:** XXXXXXXXXXXXXXXXXXXXXXX  
**Comment:** XXXXXXXXXXXXX  
**Classification Review Date:** 99/99/9999  
**Case Manager:** XXXXXXXX, XXXX

Custody Level  Concur  Do Not Concur **Change to:**  Min  Med  High Med  
**Reason(s) for Change:** XXXXXXXXXXXXXXXXXXXXXXX  
**Comment:** XXXXXXXXXXXXX  
**Classification Review Date:** 99/99/9999  
**Unit Committee Member:** XXXXXXXX, XXXX

Custody Level  Concur  Do Not Concur **Change to:**  Min  Med  High Med  
**Reason(s) for Change:** XXXXXXXXXXXXXXXXXXXXXXX  
**Comment:** XXXXXXXXXXXXX  
**Classification Review Date:** 99/99/9999  
**Unit Classification Chairperson:** XXXXXXXXXXXXXXXXXXXXXXX

**E. Review Authority**

Custody Level  Concur  Do Not Concur **Change to:**  Min  Med  High Med  
**Reason(s) for Change:** XXXXXXXXXXXXXXXXXXXXXXX  
**Comment:** XXXXXXXXXXXXX  
° Routine:                    ° Non-Routine  
**Classification Review Date:** 99/99/9999  
**Facility Classification Coordinator:** XXXXXXXX, XXXX

**Custody Level**



Concur



Do Not Concur

**Change to:**  
Med



Min



Med



High

**Reason for Change:** XXXXXXXXXXXXXXXXXXXXXXX

**Comment:** XXXXXXXXXXXXX

**Classification Review Date:** 99/99/9999

**Facility Head Signature:** XXXXXXXXXXX, XXXX

**Inmate Signature**

Add Digital Signature

Date: 99/99/9999