

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

A. Identification

Facility: XXXXXXXXXXXXX	Date: 99/99/9999
Name (Last, First, Middle): XXXXXXX, XXXXX	DOC #: 999999
Reception Date: 99/99/9999	Race/Sex: X/X DOB: 999999

B. Custody Evaluation

Points Score

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|
| 1. Number of Institutional Behavioral Crimes in the High Category – 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. | | |
| None | | 0 |
| 1 | | 2 |
| 2 - 3 | | 3 |
| 4 - 7 | | 4 |
| 8 – 15 | | 5 |
| 16+ | | 6 |
| 2. Escape History | | |
| 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: | | |
| 3. Most Serious Disciplinary Conviction | | |
| None | | 0 |
| Class B within the past 6 months | | 1 |
| Class A within the 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) Disciplinary Conviction within the past 2 years | | 6 |
| 4. Number of Active Disciplinary Convictions (Class B- past six months, Class A- past year, Class X- past 2 years) | | |
| None | | 0 |
| 1 | | 1 |
| 2 – 5 | | 2 |
| 6 – 9 | | 3 |
| 10 – 23 | | 4 |

24+	5
5. Program Completions in accordance with OP-090101 Attachment C & D (during the current incarceration)	
4 or more Programs	-3
2 or 3 Programs	-2
1 Program	-1
None	0
6. Adjustment Level	
Level 4 or Level 4 Enhanced	-2
Level 3 or Level 3 Enhanced	-1
Level 2	0
Level 1	1
7. Current Age	
65+	-1
57 – 64	0
46 – 56	1
37 – 45	2
30 – 36	3
29 or younger	4
Comprehensive Custody Score (Add factors 1 – 7)	Total Score

C. Scale Summary and Recommendations

1. Custody Scale Indicated by Scale

Minimum = 7 or fewer points

Medium = 8 – 18 points

Maximum = 19+ points

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

- | | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Restricted Earned Credits with Excessive Days | <input type="checkbox"/> Life Sentence with Determinant Time to Serve |
| <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 Override |
| <input type="checkbox"/> Mental Health Reasons | <input type="checkbox"/> Education/Employment |

Documented STG leader and/or perpetrator
of STG related violence

Program Completion

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

Circumstances of the Offense

Time Left to Serve

Intermediate Revocation Facility

Other (specify):

Program Completion

PPB Stipulation

Delayed Sentence

5. Recommended Custody Level

Minimum

Medium

Maximum

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 Max
Reason(s) for Change: XXXXXXXXXXXXXXXXXXXXXXXX
Comment: XXXXXXXXXXXXX
Classification Review Date: 99/99/9999
Case Manager: XXXXXXXX, XXXX

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

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

E. REVIEW AUTHORITY

Custody Level Concur Do Not Concur **Change to:** Min Med Max

° Routine: ° Non-Routine

Reason(s) for Change: XXXXXXXXXXXXXXXXXXXXXXX

Comment: XXXXXXXXXXXXX

Classification Review Date: 99/99/9999

Facility Classification Coordinator: XXXXXXXX, XXXX

Custody Level Concur Do Not Concur **Change to:** Min Med Max

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