

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

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**A. Identification**

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

**B. Custody Evaluation**

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- |   |         |
|---|---------|
| <b>1. Crime Institutional Behavioral Rating –</b> Using the Crime Institutional Behavioral Scale to rate the current commitment offenses. (See Attachment A.)   | Points: |
| Low   | 1       |
| Moderate  | 3       |
| High  | 5       |
| <b>2. Escape History</b>  |         |
| No escapes or attempted escapes   | Points: |
| 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. Institutional Violence within 5 Years</b>   | Points: |
| None  |         |
| Predatory X Disciplinary Conviction within the past 5 Years   | 2       |
| Predatory X Disciplinary Conviction within the past 4 Years   | 3       |
| Predatory X Disciplinary Conviction within the past 3 Years   | 4       |
| Predatory X Disciplinary Conviction within the past 2 Years   | 5       |
| Predatory X Disciplinary Conviction within the past Year  | 6       |
| <b>4. Number of High Institutional Behavioral Crimes within the past 10 Years</b>   | Points: |
| Count prior and current convictions. Counts Count! Not the number of cases.   |         |
| None  | 0       |
| 1 - 2   | 2       |
| 3 - 5   | 4       |
| 6 or more   | 6       |
| <b>5. Disciplinary History</b>  | Points: |
| None or All Class B misconducts   | 0       |
| 1 Class A misconduct within the past 2 Years  | 1       |
| 2 or more Class A misconducts within the past 3 Years   | 2       |
| 1 or more Non-Predatory X misconduct  | 3       |

**6. Current Age**

60+  
46 – 59  
33 – 45  
23 – 32  
22 or younger

Points:

-1  
0  
1  
2  
3

**Comprehensive Custody Score** (Add factors 1 – 6.)

Total  
Score

**C. Scale Summary and Recommendations**

**1. Custody Scale Indicated by Scale**

Score:

Minimum = 0 – 8 Points  
Medium = 9 – 12 Points  
High Medium = 13+ 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"/> Documented STG leader and/or perpetrator<br>of STG related violence | <input type="checkbox"/> Education/Employment            |
| <input type="checkbox"/> Other (specify):  | <input type="checkbox"/> Medical Reasons                 |
| <input type="checkbox"/> Program Completion  | <input type="checkbox"/> Mental Health Reasons           |

**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):   |
| <input type="checkbox"/> Program Completion               | <input type="checkbox"/> Delayed Sentence   |
| <input type="checkbox"/> PPB Stipulation                  |   |

**5. Recommended Custody Level**

- |                                  |                                 |                                      |
|----------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Minimum | <input type="checkbox"/> Medium | <input type="checkbox"/> High Medium |
|----------------------------------|---------------------------------|--------------------------------------|

**6. Placement Eligibility**

- |   |   |
|---|---|
| <input type="checkbox"/> Community Placement – Eligible per OP-0601 | <input type="checkbox"/> 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:** XXXXXXXXXXXXXXXXXXXX  
**Comment:** XXXXXXXXXXXX  
**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:** XXXXXXXXXXXXXXXXXXXX  
**Comment:** XXXXXXXXXXXX  
**Classification Review Date:** 99/99/9999  
**Unit Classification Chairperson:** XXXXXXXX, XXXX

#### E. REVIEW AUTHORITY

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

**Custody Level** ☐ Concur ☐ Do Not Concur **Change to:** ☐ Min ☐ Med ☐ High Med  
**Reason for Change:** XXXXXXXXXXXXXXXXXXXX  
**Comment:** XXXXXXXXXXXX  
**Classification Review Date:** 99/99/9999  
**Facility Head Signature:** XXXXXXXXXXXX, XXXX

**Inmate Signature**

Add Digital Signature

Date: 99/99/9999