

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

A. Identification

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

B. Custody Evaluation

- | | |
|---|---------|
| 1. Crime Institutional Behavioral Rating – Using the Crime Institutional Behavioral Scale to rate the current commitment offenses. (See Attachment A.) | Points: |
|---|---------|

Low	1
Moderate	4
High	6

- | | |
|--------------------------|---------|
| 2. Escape History | 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:	

- | | |
|----------------------------------|---------|
| 3. Institutional Violence | Points: |
|----------------------------------|---------|

None	0
------	---

- | | |
|--|---|
| 4. Predatory X Disciplinary Conviction within past 5 – 10 Years | 3 |
| Predatory X Disciplinary Conviction within past 4 Years | 4 |
| Predatory X Disciplinary Conviction within past 3 Years | 5 |
| Predatory X Disciplinary Conviction within past 2 years | 6 |

Maximum Custody Score (Add Factors 1 – 3). If Score is 9 or higher, Assign to Maximum.

- 5. Number of High Institutional Behavioral Crimes within the past 10 Years** – Count prior and current convictions. Counts Count! Not the number of cases.

None	0
1	2
2 – 4	3
5 – 9	4
10 or more	6

- | | |
|--------------------------------|---------|
| 6. Disciplinary History | Points: |
|--------------------------------|---------|

None or Class B misconducts	0
1 – 3 Class A misconducts within the past 3 years	1
1 or more Non-Predatory Class X misconducts within the past 4 years	2
4 or more Class A misconducts within the past 3 Years	3
1 or more Non-Predatory Class X misconducts within the past 3 years	4
6 or more Non-Predatory Class X misconducts within the past 3 years	5

- | | |
|-----------------------|---------|
| 7. Current Age | Points: |
|-----------------------|---------|

65+	-1
57 – 64	0

46 – 56	1
37 – 45	2
30 – 36	3
29 or younger	4

Comprehensive Custody Score (Add factors 1 – 6.)

Total Score

C. Scale Summary and Recommendations

1. Custody Level Indicated by Scale

SCORE:

Minimum = 0 – 10 Points

Medium = 11 – 17 Points

Maximum = 18+ or Maximum Custody Score = 9+ in first 3 sections

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 w/Determinant Time |
| <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): |
| <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"/> 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: XXXXXXXXXXXXXXXXXXXX

Comment: XXXXXXXXXXXX

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: 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 ☐ Maximum

° 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 ☐ Maximum

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