

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

**A. Identification**

Facility: XXXXXXXXXX	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

**6. Adjustment Level**

Points:

Level 4 or Level 4 Enhanced	-2
Level 3 or Level 3 Enhanced	-1
Level 2	0
Level 1	1

**7. Current Age**

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:** XXXXXXXXXXXXXXXXXXXX  
**Comment:** XXXXXXXXXXXX  
**Classification Review Date:** 99/99/9999  
**Case Manager:** XXXXXXX, 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 Committee Member:** XXXXXXX, 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:** XXXXXXXXXXXXXXXXXXXX

## E. Review Authority

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

**Custody Level**



Concur



Do Not Concur

**Change to:**  
Med



Min



Med



High

**Reason for Change:** XXXXXXXXXXXXXXXXXXXX

**Comment:** XXXXXXXXXX

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

**Facility Head Signature:** XXXXXXXXXX, XXXX

**Inmate Signature**

Add Digital Signature

Date: 99/99/9999