

**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

- | | |
|--|--|
| <p>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.</p> <p>None</p> <p>1</p> <p>2 - 3</p> <p>4 - 7</p> <p>8 – 15</p> <p>16+</p> | <p>0</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> |
| <p>2. Escape History</p> <p>No escapes or attempted escapes</p> <p>Escape from GPS, Halfway House or Community Corrections-within the past 2 Years</p> <p>Escape from Minimum Custody, County Jail, TDU, or Juvenile Detention within the past 5 Years</p> <p>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</p> <p>Escape Facility: Security Level: Apprehension Date:</p> | <p>0</p> <p>3</p> <p>7</p> <p>10</p> |
| <p>3. Most Serious Disciplinary Conviction</p> <p>None</p> <p>Class B within the past 6 months</p> <p>Class A within the past 12 months</p> <p>Non-Predatory X within the past 2 years</p> <p>Non-Predatory X within the past year</p> <p>Predatory X (X-1 thru X-10) within the past 10 years</p> <p>Predatory X (X-1 thru X-10) Disciplinary Conviction within the past 2 years</p> | <p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> |
| <p>4. Number of Active Disciplinary Convictions (Class B- past six months, Class A- past year, Class X- past 2 years)</p> <p>None</p> <p>1</p> <p>2 – 5</p> <p>6 – 9</p> <p>10 – 23</p> | <p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> |

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

E. REVIEW AUTHORITY

Custody Level



Concur



Do Not Concur

Change to:



Min



Med



Max

° 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



Max

Reason for Change: XXXXXXXXXXXXXXXXXXXX

Comment: XXXXXXXXXXXX

Classification Review Date: 99/99/9999

Facility Head Signature: XXXXXXXXXXX, XXXX

Inmate Signature

Add Digital Signature

Date: 99/99/9999