

FEMALE INMATES
OKLAHOMA DEPARTMENT OF CORRECTIONS
INITIAL CUSTODY ASSESSMENT SCALE

A. IDENTIFICATION Facility: _____ DATE: _____
 Inmate Name (Last, First, Middle): _____ ODOC Number: _____
 Reception Date: _____ Race/Gender: _____ Date of Birth: _____

B. CUSTODY EVALUATION **SCORE** _____
 (Use the Offense Severity Scale in Attachment A: rate the most serious charge/conviction, including CC, CS, active SS, rebill cases, detainers/warrants)

1. **SEVERITY OF CONVICTIONS CURRENT INCARCERATION**
 Low = 0 Moderate = 2 pts. High = 4 pts. Highest = 6 pts.
 Offense _____ Case Number _____ Discharge/Conviction Date _____
 Case Type _____

2. **ESCAPE HISTORY** Score _____

- No escapes or attempts = 0
- Escapes from Community Corrections, Halfway House, Juvenile Group Homes, PPCS, GPS, EMP and CSP = 0
- Two or more escapes from minimum, TDU or juvenile detention past ten years = 6
- Escape or attempted escape from minimum, TDU or juvenile detention past Five years = 7
- Any escape or attempted escape from medium or maximum, county jail, juvenile medium secure institution, (COJC and OJC4G) restricted/segregated housing unit or escape from any level of security that resulted in an injury to another or a felony conviction for a violent crime while on escape status, unless the inmate receives zero points for age (41 or over). Inmates at age 41 or over, who are within ten years of the apprehension date for an escape in this section, will be assessed with 10 points for ten years from the date of apprehension, regardless of age. = 10

Facility _____ Security Level _____ Escape Date _____ Apprehension Date _____
 Facility _____ Security Level _____ Escape Date _____ Apprehension Date _____

3. **PRIOR FELONY CONVICTIONS/INCARCERATIONS (Past ten years)** Score _____

None or One = 0 Two or More = 3

Offense _____ Case Number _____
 Offense _____ Case Number _____

4. **DISCIPLINARY HISTORY** Score _____
 (most serious within the listed time frames below)

- None = 0
- Three or more Class B disciplinary convictions, past year = 1
- One or more Class A disciplinary convictions, past two years = 2
- One or more Non-Predatory Class X disciplinary convictions, past two years = 3
- One or more Class X: X-2 X-3, X-4 (01-4, 04-1, 04-8 prior to 11/1/15) (04-3 prior to 9/14/89) past ten years = 4
- Predatory Infractions (X-2 through X-10) within past two years = 4

Offense Code _____ Offense Class _____ Date of Offense _____
 Offense Code _____ Offense Class _____ Date of Offense _____
 Offense Code _____ Offense Class _____ Date of Offense _____

5. **CURRENT AGE** Score _____

- Age 20 or younger = 3
- Ages 21 to 31 = 2
- Ages 32 to 40 = 1
- Ages 41 and over = 0

6. **COMPREHENSIVE CUSTODY SCORE (Add items 1-5)**

Total Score _____

C. SCALE SUMMARY AND RECOMMENDATIONS

ASSESSED CUSTODY LEVEL _____

1. **CUSTODY LEVEL INDICATED BY SCALE**

8) or fewer points on items 1-5
9 or more points on items 1-5

= Minimum
= Medium

2. **MANDATORY OVERRIDES (No lower than medium security) (Check all that apply)**

- Restricted Earned Credits with excessive days
- Life/Life without Parole / Sentence of 100 years or more
- ICE Detainer (High and Highest Crime Category)

- Life w/ Determinant Time/Excessive Days
- Time left to serve (Highest crime category)
- Escape Points Greater than 6

3. **DISCRETIONARY OVERRIDES FOR HIGHER SECURITY (Check all that apply)**

- Circumstances of the Offense
- History of Violence
- Other (specify) _____
- Time Left to Serve
- Felony Detainer/Pending Case(s)

4. **DISCRETIONARY OVERRIDES FOR LOWER SECURITY (Check all that apply)**

- Circumstances of Offense
- Time Left to Serve
- Intermediate Revocation Facility
- Other (specify) _____

5. **INMATE PROGRAM NEEDS**

- Cognitive Behavior
- Mental Health
- Substance Abuse Treatment
- Education/Employment

6. **RECOMMENDED CUSTODY LEVEL**

- Minimum
- Medium

7. **COMMUNITY PLACEMENT – eligible per OP-060104**

8. **GPS eligible per OP-061001**

9. **COMMENTS:**

D. SIGNATURES

CM CODE _____

Case Manager _____

Date ___/___/___

Inmate _____

Date ___/___/___

Classification Chair _____

Date ___/___/___

E. REVIEW AUTHORITY

Custody Level ◦ Concur ◦ Do Not Concur Change to: ◦ Min ◦ Med

Reason for Changes:

Routine: _____

Date ___/___/___

Non-Routine: _____

Date ___/___/___

(If Custody Level Changed) Inmate Signature: _____ Date ___/___/___

Date Transferred: _____ Facility Assigned: _____