



TJJD Commitment Checklist

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

Ron Jackson Intake Juvenile Correctional Facility
611 FM 3254, PO Box 1267 Brownwood, TX 76801
(325) 641-4200 Main Line; RJ-Intake@tjjd.texas.gov
Intake Supervisor John Williams (325) 641-4200 ext. 6484

Documents Required for Pre-approval

(These items are to be sent to TJJD Intake via mail or email before the youth will be scheduled for admission.)

- 1) Copy of a certified copy of the commitment order.
- 2) Immunization record with dates (DPT, POLIO, MMR).
- 3) Complete Interagency Application for Placement, with complete referral page.
- 4) Copy of all prior petitions, modifications, adjudications, and dispositions. Make every effort to obtain court documents on every referral found in DPS/CCH System.
- 5) Conditions of probation on youth committed for a violation of probation.
- 6) Copy of birth certificate, when available.
- 7) Copy of Social Security card, when available.
- 8) Scanned copy of most recent risk and needs assessment

Required after Pre-approval Granted

(These items are to be sent to TJJD Intake via mail or email after receiving notification of pre-approval.)

- 1) A certified copy of the commitment order, sent via mail.
- 2) Social history (computerized referral & case history). JCMS departments should include referral history from other JCMS departments, if applicable.
- 3) Psychological and psychiatric reports/MAYSI(s), if available.
- 4) Contact information sheet for the youth's parents or guardian. NOTE: If in CPS custody, CPS case manager contact information.
- 5) Sex offender registration information concerning the youth, if applicable.
- 6) Education records, if available.
- 7) Detention order(s) for offenses for which youth committed to TJJD, if applicable.
- 8) Days in detention for youth with a determinate sentence (per §54.052, Family Code), if applicable.
- 9) Name, address, and telephone number of the court administrator in the committing county.
- 10) DPS juvenile reporting form CR-43J (TRN number).
- 11) Victim impact statement/information form, if there is one.
- 12) Law enforcement incident reports/Police records for offense(s) for which the youth is committed, if available.
- 13) Title IV-E eligibility screening information, if available.
- 14) Address in the committing county for forwarding funds collected to which the community is entitled, if applicable.
- 15) For youth not born in the United States, information on if they are US residents and their country of citizenship, if applicable.
- 16) Copy of all CSE-IT assessments completed, if any.

Additional Requirements for Admission

- 1) A Health Information for Juveniles Committed to TJJD form (TJJD-GEN-401), any of the youth's pertinent medical and dental records, and ALL current medications must accompany the youth.
- 2) Noble/PACT users must electronically submit the most recent assessment by selecting tx-tjjd from the transfer screen in the Noble platform. The profile should not be transferred until the youth is scheduled for admission.

NOTE: UNDER NO CIRCUMSTANCES WILL A YOUTH BE ADMITTED TO TJJD WITHOUT AN IMMUNIZATION RECORD (UNLESS AN UNDOCUMENTED RESIDENT) AND A CERTIFIED COPY OF THE COMMITMENT ORDER.



MINIMUM LENGTH OF STAY ASSIGNMENT

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Youth Information

Youth Name (Last, First, MI)	TJJD Number	Home Region	Caseworker	Committing Offense
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SEVERITY OF COMMITTING OFFENSE

Felony Level:		Presence of:	
<input type="checkbox"/> 1 st Degree/Capital	<input type="checkbox"/> 3 rd Degree	Felony Sex Offense*:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 2 nd Degree	<input type="checkbox"/> State Jail	Felony against Person*:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Weapon or Firearm:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Weapon, sexual felony and/or felony against person <u>PRESENT</u>	Weapon, sexual felony and/or felony against person <u>NOT PRESENT</u>	
1st Degree/Capital	High	Moderate	
2nd Degree: Murder, Manslaughter, Sexual Assault	High	N/A	
2nd Degree: All Others	Moderate	Low	
3rd Degree	Moderate	Low	
State Jail	Moderate	Low	

SEVERITY RATING:

High

Moderate

Low

ASSESSMENT FACTORS	Answer	Value	Score
1. Number of felony and/or misdemeanor arrests or referrals	<input type="checkbox"/> 1	0	
	<input type="checkbox"/> 2	1	
	<input type="checkbox"/> 3	2	
	<input type="checkbox"/> 4	3	
	<input type="checkbox"/> 5	4	
	<input type="checkbox"/> 6 or more	5	
2. Number of felony arrests or referrals for offenses against person*	<input type="checkbox"/> 0	0	
	<input type="checkbox"/> 1	1	
	<input type="checkbox"/> 2 or more	2	
3. Number of felony and/or misdemeanor convictions or adjudications:	<input type="checkbox"/> 1	0	
	<input type="checkbox"/> 2	1	
	<input type="checkbox"/> 3	2	
	<input type="checkbox"/> 4 or more	3	
4. Age at commitment	<input type="checkbox"/> 17	0	
	<input type="checkbox"/> 16	1	
	<input type="checkbox"/> 15	2	
	<input type="checkbox"/> 10 - 14	3	
5. Any residential placements prior to TJJD commitment	<input type="checkbox"/> No	0	
	<input type="checkbox"/> Yes	1	
Total Score →			

ASSESSMENT RATING LEVEL:

High (12+)

Medium (6-11)

Low (0-5)

		Severity Rating				
		High	Moderate	Low		
Assessment Rating	High	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	→	Minimum Length of Stay: 1 → 24 months 2 → 18 months 3 → 15 months 4 → 12 months 5 → 9 months
	Medium	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
	Low	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
					→	MINIMUM LENGTH OF STAY: MONTHS

Printed Name/Title

Signature

Date



MINIMUM LENGTH OF STAY ASSIGNMENT (REFERENCE PAGE)

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Felony Sex Offenses: (from Code of Criminal Procedure, §62.001)

- online solicitation of a minor; or
- committing, attempting to commit, conspiracy to commit, or solicitation to commit:
 - indecency with a child
 - sexual assault
 - aggravated sexual assault
 - prohibited sexual conduct
 - compelling prostitution
 - sexual performance of a child
 - possession or promotion of child pornography
 - aggravated kidnapping if the actor intended to violate or abuse the victim sexually
 - burglary if the actor intended to commit any of the following: indecency with a child, sexual assault, aggravated sexual assault, prohibited sexual conduct, or aggravated kidnapping

Felony Offenses against Person:

<ul style="list-style-type: none"> • abandoning or endangering a child • aggravated assault • aggravated kidnapping • aggravated robbery • aggravated sexual assault • agreement to abduct from custody • aiding suicide • arson (resulting in bodily injury) • assault • burglary (with intent to commit other violent offense) • capital murder • criminally negligent homicide • deadly conduct • enticing a child • escape (resulting in bodily injury) 	<ul style="list-style-type: none"> • evading arrest (resulting in bodily injury) • failure to stop and render aid/personal injury • harassment • harassment by persons in secure correctional facilities • hazing • incest • indecency with a child • injury to child, elderly or disabled individual • intoxication assault • intoxication manslaughter • kidnapping • manslaughter • murder 	<ul style="list-style-type: none"> • obstruction or retaliation • racing on a highway (resulting in bodily injury) • robbery • sale or purchase of child • sexual assault • sexual performance of a child • smuggling aliens (resulting in bodily injury) • stalking • tampering with a consumer product • terroristic threat • theft (from the person) • threatening a US President • threatening to use or exhibit firearm on school property • unlawful restraint • unlawful transport • use of deadly weapon
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Health Information for Juveniles Committed to TJJD

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Provide this form for all juveniles transported to a Texas Juvenile Justice Department state-operated facility on commitment. This form should be completed no earlier than five business days before admission date and must be provided electronically prior to transport or must accompany the juvenile.

A. DEMOGRAPHICS

Name (Last, First): _____ County/Facility: _____

DOB: _____ Age: _____ Race: _____ Sex: M F Wt: _____ Ht: _____

B. ALLERGIES

No known drug allergies or other allergies. Allergies (drug, food, insect bites, etc.): _____ Specify: _____

C. CURRENT / CHRONIC HEALTH PROBLEM(S) (Please review instructions on page 2.)

Health Problems

- | | | |
|---|--|---|
| <input type="checkbox"/> 1. None | <input type="checkbox"/> 7. Seizures | <input type="checkbox"/> 13. Intellectual Developmental Disorder |
| <input type="checkbox"/> 2. Asthma | <input type="checkbox"/> 8. Thyroid Problem | <input type="checkbox"/> 14. Mental Illness |
| <input type="checkbox"/> 3. Pregnancy | <input type="checkbox"/> 9. High Blood Pressure | <input type="checkbox"/> 15. Cutting / Other Self-Harm |
| <input type="checkbox"/> 4. Dental Problems | <input type="checkbox"/> 10. Orthopedic Problem / Injury | <input type="checkbox"/> 16. Suicidal |
| <input type="checkbox"/> 5. Diabetes | <input type="checkbox"/> 11. Alcohol / Drug Abuse | <input type="checkbox"/> 17. History of Positive COVID-19 Test (include date and location of test in the space given below and attach a copy of the positive lab result if available) |
| <input type="checkbox"/> 6. Heart Trouble | <input type="checkbox"/> 12. Recent Surgery | |

If any of above checked, please explain: _____

If "Suicidal" checked above, was juvenile placed on suicide precaution/watch prior to TJJD admission? Yes No

If yes, was the juvenile cleared prior to admission? Yes No If yes, date cleared: _____

Pending Specialty Clinic Appointment

None Yes – Type of Appointment: _____

Date/Time: _____ Location: _____

D. OTHER HEALTH CARE PROBLEMS OR CONCERNS

E. PREVENTIVE MEDICINE

Immunizations Current: Yes No (Please attach juvenile's immunization record.)

Tuberculosis (TB) Status:

Skin Test: Date Given: _____ Date Read: _____ Results: _____ Mm

X-Ray: Date: _____ Normal Abnormal* N/A *Attach radiology report of abnormal chest x-ray

TB Treatment (e.g., INH): Yes No Date Started: _____

Other: _____

F. CURRENTLY PRESCRIBED MEDICATIONS

No Medication

Medication & Dose	Prescribing Directions	Diagnosis	Name of Prescribing Provider	Date Filled	Last Date Given

Please attach a copy of the most recent medical and/or psychiatric evaluation or orders, if available.

G. SIGNATURE

Completed by: _____ Date: _____
Signature / Title

Phone Number: _____ Facility: _____

Instructions for Completing the Health Information for Juveniles Committed to TJJD (TJJD-GEN-401) form

Complete the form for all juveniles being transported for commitment to the Texas Juvenile Justice Department (TJJD). Information may be obtained directly from the juvenile's guardian, available medical records, and/or juvenile self-report.

A. DEMOGRAPHIC

- Print the juvenile's name, sending county/facility name, date of birth, age, race, and current height (HT) and weight (WT). Place a check mark in the appropriate space for sex.

B. ALLERGIES

- Allergies: Place a check mark for "No known drug and/or other allergies" if the juvenile does not have any reported allergies to drugs, foods, insect bites, etc. If there are reported allergies, list them next to "Allergies."

C. CURRENT / CHRONIC HEALTH PROBLEM: Place a check mark by all listed conditions that pertain to the juvenile.

1. **NONE** – juvenile and/or guardian deny any known medical problems and available medical records indicate that the juvenile has no current medical problems.
2. **ASTHMA** – juvenile has had a sudden attack of shortness of breath accompanied by wheezing caused by a spasm of the airway or swelling in the airway and/or juvenile has a current prescription for an asthmatic inhaler.
3. **PREGNANCY** – the juvenile suspects or states she is pregnant or available medical records indicate a positive pregnancy test.
4. **DENTAL PROBLEMS** – juvenile has current dental complaints or has dental conditions currently being treated.
5. **DIABETES** – juvenile is currently taking insulin or other medications to control the sugar level in the blood.
6. **HEART TROUBLE** – juvenile is currently being treated for or has a history of heart issues (e.g., heart murmur).
7. **SEIZURES** – juvenile has present or past sudden uncontrollable muscle spasm or unconscious episode(s) reported.
8. **THYROID PROBLEM** – juvenile is currently being treated with medication for a thyroid condition.
9. **HIGH BLOOD PRESSURE** – juvenile is currently being treated with medications and/or diet for elevated blood pressure.
10. **ORTHOPEDIC PROBLEM / INJURY** – juvenile is currently being treated for any chronic joint complaints or recent fractures or there are any observable injuries or reported injuries in the recent past.
11. **ALCOHOL / DRUG ABUSE** – juvenile is currently being treated for or has a history of alcohol and/or drug use.
12. **RECENT SURGERY** – juvenile has a history of surgeries (past or present).
13. **INTELLECTUAL DEVELOPMENTAL DISORDER** – juvenile has a documented diagnosis of intellectual developmental disorder.
14. **MENTAL ILLNESS** (specify diagnosis) – juvenile has a documented diagnosis of a mental health disorder/illness – document type of mental health condition.
15. **CUTTING / OTHER SELF HARM** – juvenile has a history of intentionally causing physical harm to himself/herself (past or present).
16. **SUICIDAL** – juvenile has a history of suicidal thoughts or attempts (past or present).
17. **HISTORY OF POSITIVE COVID-19 TEST** – juvenile has a history of testing positive for COVID-19, SARS CoV2 RNA. Provide date and location of test and a copy of the positive lab result, if available.

If any of the above are checked, explain in the space provided on the form.

Pending Specialty Clinic Appointment

- If the juvenile is scheduled or needs to be scheduled to see a medical or dental specialist, specify the name of the clinic or type of specialist, date/time of the appointment, and location (city or address if available); otherwise place a check next to "None."

D. OTHER HEALTH CARE PROBLEMS OR CONCERNS:

- List any medical, dental, or mental health concerns the juvenile is experiencing at this time (i.e., juvenile report, staff observation, or medical record).

E. PREVENTIVE MEDICINE

1. **Immunizations Current** – place a check in appropriate "yes" or "no" space. Attach a copy of the juvenile's current immunization record to this form.
2. **Tuberculosis (TB) Status**
 - a. **Skin Test** – note the date the PPD was administered and the date the PPD was read and document results in millimeters (mm).
 - If the PPD was determined to be positive, note the date of the chest x-ray, along with normal or abnormal findings. Attach a copy of the chest x-ray results to this form, if applicable.
 - b. **TB Treatment (i.e., INH)** – indicate whether the juvenile was started on TB prevention medication (e.g., Isoniazid (INH), etc.) – place a check in appropriate "yes" or "no" space. If "yes," note the medication start date.
 - c. **Other** – any additional pertinent health information.

F. CURRENTLY PRESCRIBED MEDICATIONS

1. If the juvenile is not currently prescribed any medication, check "No Medication" and sign the form.
2. If the juvenile is currently prescribed medication, complete the table:
 - a. Medication & Dose – name of medication and the milligram ordered.
 - b. Prescribing Directions – how frequently the juvenile takes the medication (e.g., every morning, twice a day, etc.).
 - c. Diagnosis – name of the condition for which medication has been prescribed.
 - d. Name of Prescribing Provider – name of the medical, dental, or psychiatric provider who ordered the medication, if known. If not known, write "unknown."
 - e. Date Filled – the date the order was written or the date the prescription was filled.
 - f. Last Date Given – the last date/time the medication was administered.
3. If a juvenile is prescribed medication, only bring the amount of the medication that is required during transport.

G. SIGNATURE

1. Include the signature and title of the person completing the form and date of completion.
2. Document a contact telephone number and name of the facility transporting the juvenile to TJJD.



Progress Report – Youth Awaiting TJJD Admission

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Youth and Detention Information

Youth's Name (Last, First, Middle Initial)		Committing County/Judicial District
Date of Birth (MM/DD/YYYY)	Youth's Full PID Number	Date of Court Order Committing to TJJD
Name of Detention Facility	Case Manager	Case Manager Email and Phone Number

Assessments/Evaluations Completed (attach all evaluation/assessment paperwork to this document)

Physical Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:	Dental Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:	CSE-IT Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:
Vision Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:	Psychological Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:	ACE Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:
MAYSI Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:	R-PACT Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:	

Stage1 Focus: Safety and Regulation

Complete the remaining portion of the form to reflect the youth's progress while awaiting admission to TJJD.

Youth began TJJD rehabilitative program on the following date (MM/DD/YYYY):

Educational / Vocational Progress

• Youth remains in assigned area at least 60% of the time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Youth is able to discuss educational/vocational goals with detention and TJJD staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Youth attends educational programming at least 60% of the time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Youth participates in all state academic assessments, if applicable to this review period.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Treatment and Intervention Progress

• Youth understands risk, protective factors, and responsivity needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
• At least 60% of the time, youth cooperates with staff to identify supports and strategies to make safe choices.	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Youth attends services when prompted at least 60% of the time.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
• Youth understands the need for goals for community reintegration.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Behavioral Progress

• Youth meets expected daily behavioral goals at least 60-80% of the time	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Information Regarding the Youth's Behavior and Progress Pending Admission to TJJD

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Name of Chief Juvenile Probation Officer

Name of Facility Administrator

Signature of Chief Juvenile Probation Officer or Facility Administrator

Date