



POLICY TITLE: MANAGEMENT OF TRANSGENDER, GENDER NONCONFORMING, AND INTERSEX RESIDENTS		Page 1 of 13
POLICY NUMBER: 18.8		
CHAPTER 18: CLASSIFICATION		
	STATE of MAINE DEPARTMENT OF CORRECTIONS Approved by Commissioner: 	PROFESSIONAL STANDARDS: See Section VIII
	EFFECTIVE DATE: November 16, 2015	LATEST REVISION: March 9, 2020

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Juvenile Facilities

III. POLICY

It is the policy of the Maine Department of Corrections to provide a safe, supportive, and discrimination-free environment that is affirming of every resident's gender identity, including transgender, gender nonconforming, and intersex residents.

IV. DEFINITIONS

1. Gender dysphoria - is defined as is in the current Diagnostic and Statistical Manual and refers to psychological distress that results from an incongruence between one's sex assigned at birth and one's gender identity.
2. Gender expression - the ways (e.g., name, clothing, hair style, body language, and mannerisms) in which a person embodies gender attributes, whether masculine, feminine, or androgynous.
3. Gender identity - a person's sincerely held core belief regarding their gender, whether male, female, both, or neither.
4. Gender nonconforming person - a person whose gender expression falls outside what is generally considered typical for their sex assigned at birth.
5. Intersex person - a person who is born with variations in sexual features that fall outside traditional conceptions of male or female bodies, including variations in external genitalia.

6. Sexual orientation - the gender of persons to whom a person is sexually attracted, whether to persons of the same gender, a different gender, or more than one gender.
7. Transgender person - a person whose gender identity is different from what is their sex assigned at birth.

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VI. ATTACHMENTS

- [Attachment A: Sexual Orientation, Gender Identity, and Gender Expression \(SOGIE\) Questionnaire](#)
- [Attachment B: Transgender or Intersex Multidisciplinary Team Meeting Review form](#)

VII. PROCEDURES

Procedure A: General

1. All facility staff, volunteers, and student interns who may have contact with a resident shall receive training on this policy and issues regarding transgender, gender nonconforming, and intersex residents, including, but not limited to: how to communicate effectively and professionally with all residents, including transgender, gender nonconforming, and intersex residents; awareness of needs, risks, and challenges that transgender, gender nonconforming, and intersex residents face; resources available to transgender, gender nonconforming, and intersex residents; and ways in which to provide a safe, supportive, and discrimination-free, harassment-free, and abuse-free environment that is affirming of every resident's gender identity.
2. Under no circumstances may any facility staff, volunteer, or student intern compel a resident to disclose information about the resident's gender identity, gender expression, sexual orientation, or sexual features or threaten a resident with discipline or other negative consequences for failure to disclose such information.
3. Under no circumstances may any facility staff, volunteer, or student intern attempt to change a resident's gender identity, gender expression, or sexual orientation. Under no circumstances may any facility staff, volunteer, or student intern prohibit or punish or impose other negative consequences due to behavior

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that is deemed to be gender nonconforming.

4. In addition to the above training, all facility staff providing mental health services to residents shall be trained on issues specific to transgender, gender nonconforming, and intersex residents, such as bullying, isolation, harassment, family rejection, etc., that can have a negative effect on a resident's mental health and, as appropriate, shall confer with providers or consultants with expertise in these issues when providing services.
5. In addition to the above training, all facility staff providing medical services to residents shall be trained on issues specific to transgender, gender nonconforming, and intersex residents, such as hormone treatment, etc., that can have an effect on a resident's medical care, and, as appropriate, shall confer with providers or consultants with expertise in these issues when providing services.
6. A transgender resident's gender identity or intersex resident's intersex status is mental health and/or medical information and may be disclosed only to the extent permitted by law and Department Policy (JF) 22.2, Confidentiality of Resident Information and any other applicable policies. Unless the resident gives consent, a transgender resident's gender identity or intersex resident's intersex status shall not be disclosed to the resident's parent, guardian in the community, or other family member.
7. In addition to the above training, all facility staff providing education programs to residents shall be aware of issues specific to transgender, gender nonconforming, and intersex residents, such as acceptance of gender diversity, maintaining healthy relationships, etc., and, as appropriate, shall confer with consultants with expertise in these issues when providing the programs.
8. The facility Superintendent, or designee, shall ensure residents have access to reading materials specific to transgender, gender nonconforming, and intersex juveniles.
9. The facility Superintendent, or designee, shall ensure residents have access to contact information for community support groups for transgender, gender nonconforming, and intersex juveniles.
10. Discrimination against or harassment of a transgender, gender nonconforming, or intersex resident by staff, volunteers, or student interns is not tolerated and shall be addressed as set forth in applicable Department policies, including but not limited to, Policies 1.6, Prohibition on Discrimination, 2.8, Contracted Services, 6.11.3, Sexual Misconduct (PREA & Maine Statutes) Reporting and Investigation, and 6.11.4, Sexual Misconduct (PREA & Maine Statutes) Administrative Sanctions and Grievances.
11. Harassment of a transgender, gender nonconforming, or intersex resident by another resident is not tolerated and shall be addressed as set forth in applicable Department policies, including but not limited to, Policies (JF) 15.3,

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Resident Discipline System and 6.11.4, Sexual Misconduct (PREA & Maine Statutes) Administrative Sanctions and Grievances.

12. Physical, sexual, verbal, emotional, or other abuse of a transgender, gender nonconforming, or intersex resident is not tolerated and shall be addressed as set forth in Department Policies 7.1, Criminal Investigations and/or 7.3, Administrative and Personnel Complaint Investigations, as applicable.
13. Any transgender, gender nonconforming, or intersex resident may use the grievance process set out in Department Policy (JF) 29.1, Resident Grievance Process, General, to file a grievance about discrimination, harassment, or abuse. A resident may also make a complaint in writing or verbally to any staff.
14. The Superintendent, or designee, shall assess, on at least an annual basis, the facility's climate with respect to transgender, gender nonconforming, and intersex residents by reviewing grievances filed by and speaking with transgender, gender nonconforming, and intersex residents; conducting anonymous surveys of residents asking them for their observations on the treatment of transgender, gender nonconforming, and intersex residents; and holding discussions with staff, volunteers, student interns, and residents to gain insight into their experiences, etc.

Procedure B: Housing and Programs

1. Separate housing dedicated specifically to transgender, gender nonconforming, or intersex residents shall not be established.
2. In general, a resident shall be placed in a housing unit in accordance with their sex assigned at birth, except that, in the case of a transgender or intersex resident, the decision about housing shall be made on a case-by-case basis, taking into account the views of the resident, and shall be based on protecting the resident's safety and mental health and preventing security issues, including, but not limited to, risks to the safety of other residents.
3. In the case of a transgender, gender nonconforming, or intersex resident, decisions about programs shall be made on a case-by-case basis, taking into account the views of the resident, and shall be based on protecting the resident's safety and mental health and preventing security issues, including, but not limited to, risks to the safety of other residents.

Procedure C: Intake

1. If, during intake, a resident reports as being transgender or intersex and agrees to complete the Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) Questionnaire (Attachment A), facility intake staff shall, as part of the intake process, provide assistance to the resident as requested. The original of a partially or fully completed questionnaire shall be forwarded to the appropriate Juvenile Program Manager, or designee, to be placed in the resident's case management file, and copies shall be forwarded to the Superintendent, or

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designee, and the facility PREA Compliance Manager, or designee.

2. Intake staff at the facility shall, as soon as possible, contact the Superintendent, or designee, if any time during intake, whether on the questionnaire or otherwise, a resident:
 - a. reports as being transgender or intersex;
 - b. indicates a history of being perceived as transgender or intersex;
 - c. is reported by Department staff, the prosecuting or defense attorney, a parent or guardian in the community, or another credible source to be transgender or intersex; or
 - d. is perceived by facility intake staff as being transgender or intersex.
3. If an intake search has not already been done (including a pat search or strip search, if required), and the resident is transgender or intersex. the Superintendent, or designee, shall determine, based upon information available at the time, including, but not limited to, the expressed preference of the resident, the gender of the staff who will conduct the intake search. Intake staff shall document in CORIS the search, including the type of search, the gender of the staff involved, and the reason stated by the Superintendent, or designee, for the determination. If a resident is gender nonconforming but is not transgender or intersex, the intake search and other searches shall be conducted by staff of the same gender as the resident's gender assigned at birth.
4. The Superintendent, or designee, shall also determine, based upon information available at the time, including, but not limited to, risks to safety, the transgender or intersex resident's immediate housing placement until a further, more in-depth assessment can be conducted and intake staff shall document in CORIS the reason stated by the Superintendent, or designee, for the determination. If a resident is gender nonconforming but is not transgender or intersex, the resident shall be placed in a housing unit in accordance with their sex assigned at birth
5. If a safety issue arises, whether it is a risk to the safety of the transgender or intersex resident or another resident, that requires a change from the immediate housing placement made by the Superintendent, or designee, facility staff shall take appropriate steps to mitigate the risk in accordance with relevant Department policies and facility practices, until the housing placement can be reviewed by the Superintendent, or designee.
6. Once assigned housing, the transgender or intersex resident shall be searched by staff of the same gender as other residents housed in the same unit, unless the Superintendent, or designee, determines otherwise based on available information, including, but not limited to, the expressed preference of the resident. If the Superintendent, or designee, determines otherwise, the Juvenile Program Manager, or designee, shall document in CORIS the reason stated by the Superintendent, or designee, for the determination.

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7. Once the determination is made as to the gender of the staff who will conduct searches of a transgender or intersex resident, then, except in an emergency, only staff of that gender shall conduct any pat or strip search. In addition to the staff conducting the search, except in an emergency, at least one other staff of the same gender as the staff conducting the search shall observe the search.
8. Staff shall treat the resident with professionalism and respect so as to minimize embarrassment and indignity during a search. A strip search shall be conducted in a location where persons other than staff conducting or designated to observe the search cannot see the resident.
9. Under no circumstances may a search ever be conducted for the purpose of determining a resident's genitalia or other anatomical features.
10. All searches of a transgender or intersex resident, whether a pat or strip search, shall be documented in the appropriate log.
11. In the event a transgender or intersex resident is subject to a body cavity search, only staff of the gender that is allowed to conduct a pat or strip search of that resident may observe the body cavity search.
12. A transgender or intersex resident shall be given the opportunity to shower and use toilet facilities privately.
13. A resident who at the time of intake to the facility is currently being treated with hormonal medications shall be continued on those medications at least until the resident has been seen by the facility physician, physician assistant, or nurse practitioner in accordance with Department Policy (JF) 13.7, Pharmaceuticals. Once the resident is seen, the facility medical provider shall continue the hormonal medications unless determined not to be medically necessary.
14. The Superintendent, or designee, shall notify the facility Health Services Administrator as soon as possible of the admission of the resident, and the Health Services Administrator shall expedite the process of confirming through health care records whether the resident has received a diagnosis of gender dysphoria, has received hormonal treatment, has received other transition related medical or mental health care, or there exist any other relevant factors.
15. Health care staff shall require the resident, if 18 years of age or older, to sign any necessary release of information to obtain the appropriate health care documentation. If the resident is under 18 years of age, the Superintendent, or designee, shall sign the release. Under no circumstances shall the resident's parent or guardian in the community be asked to sign the release.
16. Appropriate health care staff shall determine whether the resident requires an evaluation for gender dysphoria, an expedited medical and/or mental health assessment, or medical and/or mental health counseling or treatment.

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17. If appropriate, the Superintendent, or designee, shall contact juvenile community corrections to request any information that might be relevant to the assessment, placement, management, and treatment of the resident.
18. If the Superintendent, or designee, receives information prior to intake that a juvenile to be admitted to the facility might be transgender or intersex, the Superintendent, or designee, may make a determination as to the intake search and the juvenile's immediate housing placement prior to admission to the facility.

Procedure D: After Intake

1. If, after intake, a resident reports to any staff as being transgender or intersex, the staff shall, as soon as possible, contact the Superintendent, or designee, and the PREA Compliance Manager, or designee. The Superintendent, or designee, shall notify the resident's facility social worker. If the resident agrees to complete the Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) Questionnaire (Attachment A), the social worker shall provide assistance to the resident as requested. The original of a partially or fully completed questionnaire shall be forwarded to the appropriate Juvenile Program Manager, or designee, to be placed in the resident's case management file, and copies shall be forwarded to the Superintendent, or designee, and the facility PREA Compliance Manager,
2. The Superintendent, or designee, shall notify the facility Health Services Administrator as soon as possible after the report, and the Health Services Administrator shall expedite the process of confirming through health care records whether the resident has received a diagnosis of gender dysphoria, has received hormonal treatment, has received other transition related medical or mental health care, or there exist any other relevant factors.
3. Health care staff shall require the resident, if 18 years of age or older, to sign any necessary release of information to obtain the appropriate health care documentation. If the resident is under 18 years of age, the Superintendent, or designee, shall sign the release. Under no circumstances shall the resident's parent or guardian in the community be asked to sign the release.
4. Appropriate health care staff shall determine whether the resident requires an evaluation for gender dysphoria, an expedited medical and/or mental health assessment, or medical and/or mental health counseling or treatment.
5. If appropriate, the Superintendent, or designee, shall contact juvenile community corrections to request any information that might be relevant to the assessment, placement, management, and treatment of the resident.
6. The resident shall not be moved to a housing unit with residents of a different gender than the resident has been housed with and shall be searched by staff of the same gender as other residents in the unit, at least until the procedures set out below have been completed.

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Procedure E: Team Recommendations

1. Within ten (10) working days of the admission to the facility of a resident who is described in Procedure C or within ten (10) working days of the report to staff by a resident who is described in Procedure D, the Superintendent, or designee, shall convene a meeting of a multidisciplinary team composed of the Juvenile Program Manager of the housing unit where the resident has been housed, or the Juvenile Program Manager's designee, the facility Health Services Administrator, or designee, the Department's Medical Director, or designee, the Department's Director of Behavioral Health Services, or designee, a facility psychiatric social worker, a member of the facility security staff, a member of the facility classification staff, the facility PREA Compliance Manager or facility PREA monitor, and the appropriate juvenile community corrections officer, as well as any other staff deemed appropriate.
2. Unless the resident's behavior warrants otherwise, the resident may attend and participate in the meeting. If the resident is not at the meeting, either because of behavioral issues or because the resident declines to attend, the views of the resident shall be obtained and presented to the team by the Juvenile Program Manager, or designee.
3. At the conclusion of the meeting, this team shall make recommendations about the following matters, as applicable:
 - a. type of housing appropriate for the resident;
 - b. gender of staff who will conduct searches;
 - c. clothing, personal hygiene and grooming items, and other gender-specific property items to be allowed;
 - d. any special shower and toilet arrangements;
 - e. any safety or security precautions required;
 - f. any relevant medical issues;
 - g. any relevant mental health issues;
 - h. any relevant programming needs; and
 - i. any other relevant decisions.
4. The recommendations shall be based on, but not be limited to, the following factors, as applicable:
 - a. any views of the resident with respect to the above matters;
 - b. the resident's sex assigned at birth;
 - c. the resident's views with respect to his or her own gender identity, including whether the resident is questioning their sexual identity, and whether or not those views are sincerely held;

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- d. the resident’s views with respect to his or her own safety and whether or not those views have been consistent;
 - e. the steps or lack of steps taken by the resident toward transitioning while in the community, considering the resident’s age, ability to transition, and whether the resident was or still is questioning their sexual identity;
 - f. any relevant characteristics of the resident, including, but not limited to, age, physical stature, gender expression, etc.;
 - g. any relevant information from the resident’s PREA screening, assessment, and any reassessment;
 - h. any relevant information from the resident’s SOGIE;
 - i. any relevant characteristics of other residents with whom the resident might be housed or come into contact;
 - j. correctional history (for example, any previous management problems that impacted on the safety of other residents or the security of the facility);
 - k. history in community residential settings (for example, any previous management problems that impacted on the safety of other persons);
 - l. any co-occurring behavioral health issues;
 - m. any physical health issues; and
 - n. any potential risks to the continuing safety of the resident or other residents.
5. The team shall make recommendations based on all information available, including, but not limited to, any evaluation for gender dysphoria and any relevant medical and/or mental health assessment. If there has been no evaluation at the facility for gender dysphoria, the team shall make a recommendation as to whether there is a need for such an evaluation. The team may also make a recommendation with respect to the need for a further medical and/or mental health assessment.
 6. Within three (3) working days of receiving the recommendations from the team, the Superintendent, or designee, shall make the final decisions as to all of the team’s recommendations, except in relation to medical or mental health care and transfer to another juvenile facility.
 7. If there is any legal issue, the Superintendent, or designee, shall consult with the Department’s legal representative in the Attorney General’s office prior to making the final decision on that issue.
 8. Once the final decision is made as to the gender of the staff who will conduct searches of a transgender or intersex resident, then, except in an emergency, only staff of that gender shall conduct any pat or strip search. In addition to the staff conducting the search, except in an emergency, at least one other staff of the same gender as the staff conducting the search shall observe the search.

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9. In the event a transgender or intersex resident is subject to a body cavity search, only staff of the gender that is allowed to conduct a pat or strip search of that resident may observe the body cavity search.
10. Staff shall treat the resident with professionalism and respect so as to minimize embarrassment and indignity during a search. A strip search shall be conducted in a location where persons other than staff conducting or designated to observe the search cannot see the resident.
11. Under no circumstances may a search ever be conducted for the purpose of determining a resident's genitalia or other anatomical features.
12. All searches of a transgender or intersex resident, whether a pat or strip search, shall be documented in the appropriate log.
13. Clothing, personal hygiene and grooming items, and other gender-specific property items allowed to a transgender or intersex resident shall not include items that are not allowed to other residents, except, if applicable, for clothing items that are consistent with a resident's gender identity, e.g., padded bra for a resident who identifies as female, chest binding for a resident who identifies as male, etc.
14. Medical or mental health care decisions shall be made by the relevant medical care provider or licensed clinician, as appropriate. Under no circumstances may a resident be prescribed hormonal treatment or other transition related medical care unless it is medically necessary and the resident consents to the treatment.
15. Transfer decisions shall be made by the Associate Commissioner for Juvenile Services, or designee.
16. The final decisions on the recommendations shall be used in the development of the resident's case plan and classification and the resident shall be informed of those decisions by the Juvenile Program Manager, or designee, as soon as practicable.
17. If an evaluation for gender dysphoria or a relevant medical and/or mental health assessment takes place after the team's meeting, the Superintendent, or designee, shall reconvene the team within ten (10) working days of the evaluation or assessment to reconsider its prior recommendations in light of any new information.
18. Unless the Superintendent, or designee, has determined it not to be necessary, the Superintendent, or designee, shall reconvene the team within three (3) months of the previous meeting to reconsider its prior recommendations in light of any new relevant information and shall reconvene the team every three (3) months thereafter to review its recommendations.

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19. The Superintendent, or designee, may reconvene the multidisciplinary team to review its recommendations at any other time the Superintendent, or designee deems it appropriate.
20. In addition to any other meetings of the resident's unit treatment team, it is the responsibility of the unit treatment team to reassess any transgender or intersex resident every three (3) months regarding housing. The reassessment shall take place within the week prior to the next scheduled meeting of the multidisciplinary team, and the results of the reassessment shall be reported by the Juvenile Program Manager, or designee, to the multidisciplinary team at that meeting. Specific attention shall be given to any threats to safety reportedly experienced by the resident.
21. If the team deems it necessary, it may reassess the resident regarding housing more frequently, and the results of the reassessment shall be reported by the Juvenile Program Manager, or designee, to the multidisciplinary team at its next meeting.
22. Except for recommendations as to medical or mental health care and related decisions of the medical care provider or licensed clinician, multidisciplinary team meetings and unit treatment team meetings, as well as recommendations of the teams and decisions by the Superintendent, or designee (and, if applicable, the decision of the Associate Commissioner, or designee, related to a recommended transfer), including reasons, shall be documented in CORIS.
23. If applicable, any multidisciplinary team recommendations as to medical or mental health care and decisions of the medical care provider or licensed clinician, including reasons, shall be documented in the resident's electronic health care record.
24. In addition, each review by the multidisciplinary team shall be documented on the Transgender or Intersex Multidisciplinary Team Meeting Review form (Attachment B). The form shall be maintained in the resident's case management file.
25. The Superintendent, or designee, shall ensure that practices are in place to provide relevant staff information pertaining to the daily management of the resident, including, not limited to, gender of staff to conduct searches, gender-specific property items allowed, shower arrangements, and name and pronoun usage.

Procedure F: Name and Pronoun Usage

1. When a facility staff, volunteer, or student intern is addressing a resident by first name, the person shall address a transgender, gender nonconforming, or intersex resident by the resident's preferred first name, except as set out below.
2. A preferred first name shall not be used if the Superintendent, or designee, determines it indicates affiliation with a gang or terrorist group, has vulgar,

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obscene, or repugnant connotations, or otherwise creates a risk to safety, security, or orderly management of the facility.

3. When a facility staff, volunteer, or student intern uses a pronoun in reference to a transgender, gender nonconforming, or an intersex resident, the person shall use a pronoun that reflects the resident's preference, except as set out below.
4. Unless the resident gives consent, a preferred first name or pronoun that would reveal to the resident's parent, guardian in the community, or other family member that the resident is transgender, gender nonconforming, or intersex shall not be used in the presence of or when communicating with such a person nor shall it otherwise be revealed to such a person that the resident is transgender, gender nonconforming, or intersex.
5. A preferred first name or pronoun shall not be used nor shall it otherwise be revealed that the resident is transgender, gender nonconforming, or intersex in other circumstances if the resident indicates that would create an unsafe situation and it is not necessary for that information to be revealed in order to carry out the functions of the Department.
6. When a facility staff, volunteer, or student intern is addressing any resident by last name, the person shall address the resident by using the last name only or by using the title "Resident" in front of the last name.
7. The resident's first and last name as it appears on the juvenile court order under which the juvenile was admitted to the facility shall be used for all Department records, including, but not limited to, administrative records, case management records, electronic health care records, log book entries, and CORIS notes and other entries, except as set out below.
8. If different from the first name as it appears on that order, designated facility staff shall enter the resident's preferred first name on the alias screen in CORIS, and it shall be treated like any other alias for recordkeeping purposes.
9. If a resident obtains a first and/or last legal name change through a court, upon receipt of an attested court order, designated facility staff shall enter the changed name on the alias screen in CORIS, and it shall be treated like any other alias for recordkeeping purposes, except that mail addressed to the resident with the legally changed name shall be forwarded to the resident, as well as mail addressed with the resident's name as it appears on the juvenile court order under which the juvenile was admitted to the facility. In addition, designated facility staff shall forward the legal name change information to the State Bureau of Identification.
10. A resident's changed legal name shall be used when addressing the resident except that a changed legal name shall not be used if the Superintendent, or designee, determines it indicates affiliation with a gang or terrorist group, has vulgar, obscene, or repugnant connotations, or otherwise creates a risk to safety, security, or orderly management of the facility.

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11. When documenting recommendations of the multidisciplinary team, as well as resulting decisions, and in any other lengthy documentation relating to the resident, it is permissible to use the resident's preferred first name or changed legal name, as long as the resident's name as it appears on the juvenile court order under which the juvenile was admitted to the facility is used to identify the resident at the beginning of the documentation.
12. Under no circumstances may the resident's first and last name as it appears on the juvenile court order under which the juvenile was admitted to the facility be deleted from any Department or other records.

Procedure G: Release and Discharge Planning

1. All facility staff, volunteers, and student interns working with residents who are being released or discharged shall be familiar with community resources that provide services to transgender, gender nonconforming, and intersex youth.
2. As part of release and discharge planning for a transgender, gender nonconforming, or intersex resident in accordance with Department Policy (JF) 20.3, Release and Discharge, the resident's unit treatment team shall include in the resident's discharge plan any applicable referrals to community resources that provide services to transgender, gender nonconforming, and intersex youth. The unit social worker, in coordination with the juvenile community corrections officer, if applicable, shall take appropriate steps to facilitate communication between the resident and these community resources.
3. For a transgender, gender nonconforming, or intersex resident who is being released from the facility without a discharge plan, where practicable, the unit social worker shall provide information on community resources that provide services to transgender, gender nonconforming, and intersex youth and attempt to facilitate communication between the resident and these community resources.

Procedure H: Appeals

1. Any decision made pursuant to this policy is appealable through the resident grievance process as set out Department Policies (JF) 29.1, Resident Grievance Process, General and 29.2, Resident Grievance Process, Medical and Mental Health Care, except for a transfer decision, which is appealable through the classification process as set out in Department Policy (JF) 18.5, Resident Transfers.

VIII. PROFESSIONAL STANDARDS:

None

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