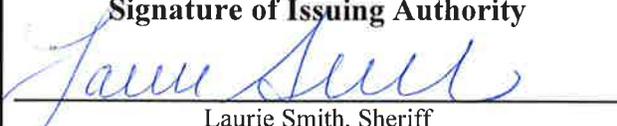


COUNTY OF SANTA CLARA

<p align="center">Office of the Sheriff Custody Bureau Policy and Procedure Manual</p>	<p>Policy Number: 14.17 No. of Pages: 7 Date of Origin: 11 Jan 2018 Date of Revision: New</p>
<p>Chapter: Inmate Rights</p>	<p>Subject: Lesbian, Gay, Bisexual, Transgender, Questioning/Queer and Intersex (LGBTQI) Inmates</p>
<p>Supersedes: New</p>	<p>Distribution: Unrestricted</p>
<p>References: ACA 3-ALDF-PC 422.56, PC2635-2643, CA §1296, AD-34 Health Services for LGBTQI/TGI Inmates, Cal. Gov. Code 11135€, 12926(q) (r), Policy 9.05, and 14.15</p>	
<p align="center">Signature of Issuing Authority</p>  <p align="center">Laurie Smith, Sheriff</p>	<p align="center">Current Policy Review</p> <p>Date of Review: New Revisions Made: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

POLICY:

It is the policy of Santa Clara County Sheriff’s Office to receive, evaluate, house and provide secure, safe and humane custody of all persons, including lesbian, gay, bisexual, transgender, questioning/queer, and intersex(LGBTQI), who are lawfully committed or held for confinement by the Sheriff’s Office until their lawful and appropriate release or transfer to another authority.

PURPOSE:

This policy is intended to provide supplemental guidelines to staff on identification of LGBTQI inmates, searches, and decisions regarding housing and programming, and access to programs, services, commissary, toiletry, and clothing items. Staff are expected to treat inmates with respect and maintain professional positive interactions and effective communication with inmates. Staff shall not use racial, ethnic, homophobic or other derogatory language towards an individual’s gender.

DEFINITIONS: See attached Appendix A

I. STAFF RESPONSIBILITIES:

- A. All staff shall comply with the provisions of this policy and ensure it is followed.
- B. Sheriff’s Office personnel who are found to engage in inmate abuse or do not follow the guidelines addressed in this department policy may be subject to disciplinary action.
- C. All staff interactions with LGBTQI inmates shall be conducted in a confidential, professional and respectable manner, and in the least intrusive manner possible, consistent with security needs.

- D. Staff shall address transgender inmates using preferred names and pronouns as indicated on the Statement of Preference Form (See Appendix C).

II. IDENTIFICATION GUIDELINES:

- A. LGBTQI inmates will be booked, identified (at any time while in custody), and processed according to defined procedures. The Sheriff's Office will implement this policy using the following guidelines:

1. Identifying LGBTQI Inmates

- a. When determining whether inmates are LGBTQI, the following should be taken into consideration:

- 1) Inmate self-reports.
- 2) Information provided by the arresting/transporting agency.
- 3) Prior booking records.
- 4) Information provided by Custody Health staff.

2. Inmates who are known to Sheriff's Office to identify as transgender or intersex shall be given the opportunity to complete the *Statement of Preference Form* (See Appendix C) during intake, booking or at any time while under the supervision of the Sheriff's Office.

III. SEARCHES OF TRANSGENDER OR INTERSEX INMATES

- A. Transgender or intersex inmates who identify as female or male shall be searched by a deputy of the same gender.
- B. Transgender or intersex inmates who identify as neither female nor male shall be asked to indicate on their *Statement of Preference Form* (See Appendix C) their preference for the gender of the deputy who searches them.
- C. All searches will be conducted and documented according to the Sheriff's Office Policy 9.05.
- D. Searches will only be conducted for a purpose listed on the *Statement of Preference Form* (See Appendix C).
- E. No searches shall be performed for the sole purpose of determining an inmate's genital status.
- F. Strip searches will only be conducted for a purpose listed on the *Strip Search Authorization Form* (See Appendix B).
- G. If a strip search is required for a transgender or intersex inmate, the search shall be conducted by a deputy/officer and overseen by a supervisor. The deputy/officer and the supervisor will

be of the same gender as the transgender or intersex inmate if the inmate identifies as male or female. If the transgender or intersex inmate does not identify as male or female, the deputy/officer and supervisor shall be of the gender indicated on the inmate's *Statement of Preference Form* (See Appendix C).

IV. HOUSING AND PROGRAMMING ASSIGNMENTS FOR TRANSGENDER OR INTERSEX INMATES

- A. Housing and programming assignments for transgender or intersex inmates shall be made on an individualized basis and after considering the following criteria:
 - 1. The inmate's stated preference. In particular, the inmate's own views with respect to her or his own safety shall be given serious consideration.
 - 2. Any relevant medical and/or mental health considerations.
 - 3. Any management and/or security considerations.
- B. Whenever housing and programming assignments for transgender and intersex inmates are being considered, staff shall consult with the following individuals as needed:
 - 1. Support Services Captain
 - 2. Administrative Services Captain
 - 3. Classification Lieutenant
 - 4. Classification Administrative Deputy
 - 5. Nurse Manager
 - 6. Physician
 - 7. Mental Health Manager
 - 8. Psychologist

V. SERVICES FOR LGBTQI INMATES

- A. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.
- B. LGBTQI inmates shall not be denied access to programs or services based solely on their LGBTQI status.

VI. TOILETRY ITEMS AND CLOTHING

- A. Inmates shall have access to toiletries (e.g. makeup, face cream, cleansers, sanitary supplies, etc.) appropriate to their gender identity and gender expression.
- B. Inmates shall have the ability to order clothing that accords with their gender identity and gender expression (e.g. female undergarments for transgender women or male undergarments for transgender men).

VII. POLICY REVISION

- A. All Sheriff's Office policies will be periodically reviewed by Operational Standards and Inspection Unit (OSIU).

DEFINITIONS:

- A. Bisexual: Individuals who are sexually and emotionally attracted to men and women.
- B. Gay: Men who are sexually and emotionally attracted to men.
- C. Gender: The social construct used to classify an individual as a man, woman, both or neither. Gender can encompass all relational aspects of social identity, psychological identity, and human behavior.
- D. Gender Identity and Expression: Gender identity is an individual's internal, personal sense of their own gender as male, female, both, or neither, regardless of the individual's sex assigned at birth. Gender expression is the external appearance of an individual's gender identity, usually communicated to others by individual's gender expression, appearance, identity or behavior, regardless of the individual's sex assigned at birth.
- E. Intersex: A general term used for a variety of conditions in which an individual is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definition of female or male.
- F. Lesbian: Women who are sexually and emotionally attracted to women.
- G. Queer: A term used by some individuals to describe themselves and/or their community. Typically, individuals who identify as queer do not have a sexual orientation that is exclusively heterosexual. Some individuals use the term queer (or genderqueer) to describe their gender identity or expression. "Queer" has historically been a pejorative term, and due to its varying meanings, it should only be used when self-identifying or quoting someone who identifies as queer.
- H. Questioning: A term used to describe those who are in the process of discovery and exploration about their sexual orientation, gender identity, and/or gender expression.
- I. Sex Assigned at Birth: In the United States, individuals are assigned a "female" or "male" sex at birth, based on a physician or other medical professional's perception of external anatomy.
- J. Transgender: An individual whose gender identity is different from the individual's sex assigned at birth.

SANTA CLARA COUNTY SHERIFF'S OFFICE STRIP SEARCH AUTHORIZATION FORM

MAIN JAIL ELMWOOD

INFORMATION			
REQUESTING AGENCY:	DATE & TIME:	REPORT/INCIDENT NUMBER:	
INMATE INFORMATION			
INMATE NAME:	CHARGES:	DATE OF BIRTH:	
BOOKING NUMBER	PFN NUMBER	HOUSING UNIT/CELL LOCATION:	
REASON FOR SEARCH			
A strip search on this person must be conducted because: (Check at least one reason.)			
	Charges involve weapons, controlled substances or violence. (Only used pursuant to the intake process). Those individuals only charged with violating HS 11550 will not be strip-searched.		
	Individualized Suspicion: There are specific and articulable facts to believe this person is concealing a weapon or contraband, and a strip search will result in the discovery of the weapon or contraband.		
	An emergency exists which is documented below.		
FACTS			
Describe facts which support individualized suspicion or constitute an emergency:			
REQUESTING OFFICER, AUTHORIZING SUPERVISOR, AND/OR OFFICER CONDUCTING SEARCH			
<i>REQUESTING OFFICER</i>			
Printed Name & Badge Number			
Signature & Badge Number			
<i>AUTHORIZING SUPERVISOR</i>			
Printed Name & Badge Number			
Signature & Badge Number			
<i>OFFICER CONDUCTING SEARCH</i>		MALE:	
Printed Name & Badge Number		FEMALE:	
Signature & Badge Number		LOCATION OF SEARCH:	
DISPOSITION			
List of weapons or contraband discovered and the location found on person:			

Distribution Copies: Copy to Administration / Original to Inmate Classification Record File



Statement of Preference Form

Santa Clara County Office of the Sheriff Custody Bureau

Booking #: _____

PFN #: _____

Inmate Name: _____

(Please Print)

Preferred Name: _____

(Please Print)

Preferred Pronoun: _____

(e.g., he/she/they)

Housing

While in custody I would prefer to be housed with:

Women _____ Men _____ Other transgender individuals: _____

Searches

Some inmates do not identify as either male or female. If you don't identify as either male or female, you should fill out the following:

While in custody I would prefer to be searched by:

Women _____ Men _____ No preference: _____

Inmate Signature: _____

Date: _____

Witnessing Deputy:

Deputy's Name: _____
(Please Print)

Badge #: _____

Deputy's Signature: _____

Date Signed: ____ / ____ / ____