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Chief Probation Officer

COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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January 9, 2023

ADDENDUM NUMBER FOUR - REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ #640-21-02) FOR AS-NEEDED POLYGRAPH EXAMINATION SERVICES FOR ADULT SEX OFFENDERS AND POST-CONVICTION SEX OFFENDERS

This Addendum Four is made to the Request for Statement of Qualifications for As-Needed Polygraph Examination Services for Adult Sex Offenders and Post-Conviction Sex Offenders (RFSQ # 640-21-02), which was released on April 7, 2021. The following indicates new and/or revised language to the RFSQ.

1. RFSQ, Appendix B (Statement of Work), Paragraph 1.5 (The Contractor shall adhere to the following County referral process:), Subparagraphs 1.5.1 through 1.5.11 shall be deleted in its entirety and replaced as follows, the remaining Paragraphs and Subparagraphs remain the same:
 - 1.5 The Contractor shall adhere to the following County referral process:
 - 1.5.1 All referrals must originate from the County. Self-referrals by the Contractor are not permitted. All referrals must be signed by the referring Deputy Probation Officer (DPO) in order to be considered valid.
 - 1.5.2 The Contractor shall be required to establish and maintain a corporate email address that will be a depository for all County referral forms. The referral form shall include examinee's identification, type of examination and case related information.
 - 1.5.3 Designated County staff will refer examinee to Contractor and provide the County's referral form, Technical Exhibit 6, Sex Offender Polygraph Services Referral (hereinafter referred to as "referral form").
 - 1.5.4 The Contractor shall acknowledge receipt of the referral form within two (2) business days.
 - 1.5.5 The Contractor shall schedule an appointment for the examinee within two weeks of receipt of the referral form.

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- 1.5.6 Once the Contractor schedules the polygraph appointment, the Contractor shall send the completed referral form, within 48 hours of scheduling the appointment, to EDL-PROBSRGPolygraph@probation.lacounty.gov and copy the referring DPO.
- 1.5.7 The Contractor shall ensure the examinee signs an approved waiver/release statement form, and Authorization for Release of Confidential Information for Sex Offenders, approved by County, confirming that he/she was advised that the polygraph examination is a condition of his/her treatment. Copies of such waiver shall be distributed via email to EDL-PROBSRGPolygraph@probation.lacounty.gov, the referring DPO and the Treatment Provider (herein referred to as the "Containment Team") on a weekly basis.
- 1.5.8 The Contractor shall verify the identity of the examinee by examining/comparing his/her picture identification with the referral form received from the referring DPO.
- 1.5.9 If the Contractor is unable to verify the identity of the examinee, the Contractor shall contact the referring DPO and the County Program Manager, by telephone and e-mail within 24 hours.
- 1.5.10 The Contractor shall immediately notify the Containment Team, of the examinee's failure to keep appointments, lack of cooperation, or obstructive behavior, upon its occurrence, or on the same day, but no later than the next business day. Notification to the Containment Team must be via e-mail.
- 1.5.11 On occasion, when urgently needed, Contractor must be available to schedule and conduct a polygraph examination within a 24-hour notice.

2. RFSQ, Appendix C, (Statement of Work Technical Exhibits), **Exhibit 6**, Sex Offender Polygraph Services Referral, is deleted and replaced in its entirety as attached.

This Addendum is posted on the following websites:

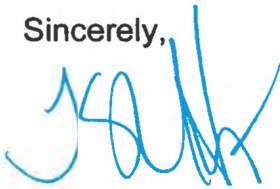
Los Angeles County "Doing Business with Us":

[LA County Solicitations](#)

Los Angeles County Probation:

[Current Solicitations – Probation \(lacounty.gov\)](#)

Sincerely,



Tasha Howard, Director
Contracts & Grants Management Division

Attachment



Los Angeles County Probation Department
SEX OFFENDER POLYGRAPH SERVICES REFERRAL



Email completed form to EDL-PROBSRGPolygraph@probation.lacounty.gov

1. REFERRING STAFF	Date:	Area Office:	
DPO of Record (Full FIRST and LAST names)	Work Email Address	Office Phone Number	County Mobile Number
DPO Signature		Initial to verify that the Authorization Form is signed and attached to referral:	

2. CLIENT	First, Mid, Last Name (as it appears in APS)		X-Number		Case Number
Client's email address			Zip Code	Primary Phone Number	Secondary Phone Number
Address			Date of Birth	Gender	Primary Language
Polygraph Information	Current Polygraph		Last Polygraph		
	# (1 st , 2 nd , etc)	Type	Date	Type	Completed by
"Other" polygraph type:					

Polygraph Type Key: **SH** - Sexual History **SI** - Specific Issue **MM** - Maintenance/Monitoring **Other** - Elaborate on polygraph type

3. PROVIDER referred to	Provider Name	Email Address	Phone Number
Please indicate which Service Area (SA) ...:			
<input type="checkbox"/> SA1 - Antelope Valley		<input type="checkbox"/> SA4 - West Hollywood	
<input type="checkbox"/> SA2 - San Fernando, Valencia, Santa Clarita		<input type="checkbox"/> SA5 - Venice, Culver City, Santa Monica	
<input type="checkbox"/> SA3 - Sand Gabriel, Pomona, Pasadena		<input type="checkbox"/> SA6 - Compton, Lynwood, Paramount	
RUU Designee Name		Date	

** Provider completes the lower portion of this form and email response to Designee and referring DPO **

4. PROVIDER CONFIRMATION	Referral Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No:			
Appointment scheduled with:		Poly. Type	Contact #	Appt date
				Appt time
Appointment confirmation to Client completed by		Client informed of appointment		
		Date	Time	Contact #
Provider confirmation to DPO completed by		Sent to DPO		
		Date	Time	Contact #
Request for additional information: _____				