



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: STATE OPERATED LIVING ALTERNATIVES POLICY 6.05  
(SOLA) TRANSPORTATION

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Authority: Chapter RCW 71.A.12 *State Services*  
Chapter WAC 388-101 *Certified Community Residential Services and Supports*

Reference: DSHS Policy 14.12 *Accountability for State-Owned Vehicles*  
OFM State Administrative & Accounting Manual (SAAM)  
<http://www.ofm.wa.gov/policy/12.htm>

## **BACKGROUND**

Whenever possible, State Operated Living Alternatives (SOLA) program participants should use public transportation and receive any needed training to maximize transportation skills. However, it is recognized that SOLA clients may not always be able to use the public transportation system due to a lack of necessary skills and availability of staff to provide training, limiting health conditions that preclude the use of public transportation (especially in inclement weather), or the inability of the public transportation system to transport at a specific time or to a specific location needed or desired by the program participant.

## **PURPOSE**

This policy describes requirements and procedures for the vehicles owned or leased by SOLA programs as well as standards for vehicle replacement.

## **SCOPE**

This policy applies to Division of Developmental Disabilities (DDD) employees responsible for acquisition, operating, and maintaining SOLA vehicles.

**POLICY**

- A. Each SOLA program must provide and/or arrange transportation to meet client needs. SOLA vehicles, like all state vehicles, are to be used only for activities related to the SOLA program and never to conduct personal staff business. The first priority for use of SOLA vehicles is to transport SOLA clients to appointments, employment/day programs, and social activities, as stated in Chapter 388-101 WAC. The second priority is to conduct SOLA business.
- B. The SOLA Program Manager is responsible for the safe operation, regular maintenance, and timely repairs of all SOLA vehicles to ensure their optimum performance.
- C. SOLA vehicles must be replaced when it is determined that a vehicle is unsafe, unreliable, or need extensive repairs.
- D. SOLA employees must have a valid driver's license without limitations to operate a SOLA vehicle. Employees must notify their supervisor immediately if they do not have a valid driver's license or if limitations are imposed on the driver's license.
- E. All SOLA employees must operate SOLA vehicles in a safe manner, observe all traffic laws (including the use of seat belts and applicable laws regarding cell phone usage) and road conditions, and, to the best of their ability, ensure the safety of program participants while riding in SOLA vehicles. No smoking is allowed in SOLA vehicles.
- F. The use of privately owned vehicles (POV) must be kept to a minimum and used only when authorized by the Program Manager. Staff must request reimbursement for travel related expenses through the DSHS travel voucher system (TVS).

**PROCEDURES**

- A. Acquisition of SOLA Vehicles
  - 1. SOLA vehicles must be replaced by leasing from the State Motor Pool or purchased by using the state procurement process when the SOLA management team determines that the current vehicle:
    - a. Is unsafe for transportation;
    - b. Is unreliable; and/or
    - c. Needs repairs and maintenance which are not cost effective.

2. Each DDD region with a SOLA program must establish and maintain a priority list of SOLA vehicles to be considered for replacement. The priority will be based on client usage, mileage, maintenance costs, and/or safety concerns.
3. The Program Manager must follow all state regulations for vehicle leasing and acquisition as detailed in the OFM State Administrative and Accountability Manual (SAAM) and coordinate acquisition/leasing with the Regional Business Manager.

B. Operation and Maintenance of SOLA Vehicles

1. Only authorized persons may be transported in SOLA vehicles. Authorized persons are: SOLA participants, SOLA staff on duty, and any other person(s) approved by the Program Manager. The blue disabled parking placard must also be displayed from the rear-view mirror in each SOLA vehicle.
2. All staff operating a SOLA vehicle must complete the SOLA Trip Log (see Attachment A, *SOLA Vehicle Trip Log*). All SOLA staff are responsible to refuel vehicles when the fuel level reaches one-half (1/2) of a tank.
3. The Program Manager or his/her designee must provide training to employees before authorizing them to drive a SOLA vehicle. Employees must view the [OFM Safe Driving Habits video](#) and have documentation included in their personnel file to comply with the Risk Assessment Self Evaluation (RASE).
4. The Program Manager must use the *SOLA Monthly Vehicle Checklist* (see Attachment B) to document vehicle inspections.
5. Any problems or concerns found by staff using a vehicle must be reported immediately to the supervisor or other designated staff.
6. All repairs for leased vehicles must be made in accordance with the Leasing Agreement.

C. Required Equipment and Documents

1. All SOLA vehicles must be furnished with an emergency road kit that includes, at a minimum:
  - a. Flares/triangular reflector;
  - b. First aid kit;

- c. Fire extinguisher;
  - d. Blanket;
  - e. Flashlight; and
  - f. A National Highway and Transportation Safety Administration (NHTSA) hang tag.
2. Additionally, each SOLA vehicle must have a packet containing the following documents:
- a. Vehicle registration;
  - b. Accident forms and procedures;
  - c. A Washington State map; and
  - d. A litterbag.

D. Accidents, Theft, Other Damage Involving SOLA Vehicles

- 1. Staff involved in or witnessing an incident must immediately:
  - a. Notify the SOLA office (or standby staff if after hours) who must then notify the Program Manager immediately.
  - b. Contact local law enforcement, Washington State Patrol (WSP,) or the county sheriff depending upon jurisdiction; and
  - c. Give a Department of Transportation (DOT) 780-013, *Claim Notice Information*, form to anyone involved in an accident with a SOLA staff/vehicle (see Attachment C). SOLA staff must not discuss the accident with others involved as all inquiries/claims will be handled by the DOT Claims Unit only.
- 2. The Program Manager or standby staff must notify the legal representative and/or family of any program participant who is involved in an accident and keep them informed of the participant's status if injured.
- 3. Within 24 hours of the accident, involved staff must complete and process the following forms which will be available at the SOLA office:

- a. Vehicle Accident Report (SF 137) or, for leased vehicles, Vehicle Accident Report SF-137A;
  - b. Motor Vehicle Collision Report (WSP-3000-345-161); and
  - c. Incident Report (SOLA 120-1).
4. The Program Manager must send copies of the reports described above to the appropriate state agencies and the Regional Business Manager.
5. Complete Motor Vehicle Collision Report (WSP-161) if the damage exceeds \$800 and/or there is a personal injury. Distribute as indicated on the form and send one copy of the form to the DSHS Agency Transportation Office.
6. If a program participant is involved, the supervisor must route the SOLA Incident Report to the Program Manager who will then send copies to the:
- a. Regional Administrator;
  - b. Field Services Case Resource Manager; and
  - c. DDD Central Office.
7. If theft or other damage occurs that is not caused by an accident, employees that witness or discover the incident must immediately:
- a. Report it to the SOLA office (or standby staff if after hours) who will then notify the Program Manager;
  - b. Report it to local law enforcement/sheriff within twenty-four (24) hours; and
  - c. Process Vehicle Accident Report (SF 137) and a SOLA Incident Report form and route as described in "6" above.
8. Any accident, loss or damage due to staff negligence or culpability may result in disciplinary action and/or paying financial restitution for injuries/damages incurred.
9. Any inquiries from involved non-state parties are to be referred to the DOT Claims Office.

E. Use of Privately Owned Vehicle (POV)

1. When a SOLA vehicle is not available, SOLA staff may use their POV to conduct SOLA business and be eligible to receive financial compensation, providing they receive prior approval from the Program Manager.
2. SOLA staff may not transport program participants in a POV except in an emergency with approval by the Program Manager/Supervisor.

F. Record Keeping

1. The Program Manager or his/her designee must maintain the following records for each SOLA vehicle:
  - a. Mileage driven each month (see Attachment A, *Sola Vehicle Trip Log*);
  - b. Gallons of gas;
  - c. Cost per gallon;
  - d. Total cost of gas per month;
  - e. Maintenance services received, including date, service type, and cost (see Attachment D, *SOLA Maintenance/Repair Log*);
  - f. Any repairs made, including date, type of repair, reason, and cost (see Attachment D, *SOLA Maintenance/Repair Log*); and
  - g. Monthly use of POVs, including the employee's name, date of use, reason, and miles driven.

**EXCEPTIONS**

Any exceptions to this policy must have the prior written approval of the Division Director.

**SUPERSESSION**

DDD Policy 6.05  
Issued September 1, 2008

DDD Policy 6.05  
Issued February 1, 2008

Approved: /s/ Linda Rolfe Date: January 1, 2009  
Director, Division of Developmental Disabilities

Attachments: *A - SOLA Vehicle Trip Log*  
*B - SOLA Monthly Vehicle Checklist*  
*C - Claim Notice Information (DOT 780-013)*  
*D - SOLA Maintenance/Repair Log*

**ATTACHMENT A**

**Division of Developmental Disabilities SOLA Vehicle Trip Log**

License #: \_\_\_\_\_

For Month: \_\_\_\_\_

Year: \_\_\_\_\_

**Please note: Refuel vehicle before gas level reaches ½ tank.**

Date	Start Time	Starting Mileage	Starting Fuel Level ¼, ½, ¾ or full	End Time	Ending Mileage	Ending Fuel Level ¼, ½, ¾ or full	Total Miles	Driver	Enter Client Initials and Destination	Purpose of Trip- (use code below)	Comments / Condition of Vehicle

1 - Employment/Day Program

2 - Community Activity

3 - Health

4 - Agency Business

5 - Shopping

6 - Other

# ATTACHMENT B

SAMPLE

SOLA MONTHLY VEHICLE CHECKLIST

VEHICLE: \_\_\_\_\_

MONTH: \_\_\_\_\_

ITEM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Oil																															
Coolant																															
Fluids																															
Fan Belts																															
Battery																															
Ignition																															
Headlights																															
Tail Lights																															
Turn Signals																															
Flashers																															
Wipers / Washer																															
Gauges / Lights																															
Gas																															
Windows																															
Body Condition																															
Cleanliness																															
Interior																															
Exterior																															
Tires																															
INITIALS																															

## ATTACHMENT C

Revised 5/05

### CLAIM NOTICE INFORMATION

To be given to persons who feel they may have a claim against the State of Washington

THE STATE OF WASHINGTON IS SELF INSURED

IN ORDER TO PERMIT PROPER INVESTIGATION, CONSIDERATION AND DISPOSITION OF ANY LEGITIMATE CLAIMS, IN THE EVENT OF ANY DAMAGE, LOSS, OR INJURY, YOU SHOULD REPORT AT ONCE TO THE:

Department of Transportation  
Risk Management Office  
P.O. Box 47418  
Olympia, WA 98504-7418  
1-800-737-0615

Proper claim forms for filing a claim may be secured through telephone call, letter or in person from the claim department during business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays.

Employees are charged with the responsibility of making a full report to the Claim Department covering any incident resulting in injury to persons or damage to property. SUCH EMPLOYEES ARE NOT AUTHORIZED TO MAKE ANY STATEMENT ACCEPTING LIABILITY OR RESPONSIBILITY IN CONNECTION WITH SUCH INCIDENT. The Claims Department will make determination of liability after full investigation.

DOT: FORM 780-013  
Revised 2/84 QX-A-188

