

Central State Hospital Policy & Procedure

SUBJECT: USE OF HOSPITAL FACILITIES BY OUTSIDE GROUPS

ANNUAL REVIEW MONTH: October

RESPONSIBLE FOR REVIEW: Chief Nurse Executive

LAST REVISION DATE: December 2008

REFERENCE: DHR Administrative Policy Part X.A.13

General Information

This policy establishes the procedures for the use of certain hospital facilities by outside groups. The procedures are in accordance with Department of Human Resource (DHR) Policies and Procedures Manual PART X.A.13., Departmental Guidelines for the Use of DHR Facilities by Outside Groups. The use of DHR facilities at Central State Hospital (CSH) by private groups, associations or corporations, must be consistent with the Mission and Goals of DHR.

The term "outside groups" shall include: 1) any Municipal, State or Federal government agency, 2) private organizations, groups or individuals where the activity is not-for-profit and (a) the activity planned is directly related to the provision and delivery of DHR services and programs, or (b) charitable activities on behalf of DHR clients or potential clients, or (c) programs related to and concerning DHR services. In addition to the above, the CSH Chief Executive Officer may extend the use of CSH facilities based upon availability and payment of a reasonable user fee, to allow private groups and individuals associated with Central State Hospital the right to use DHR facilities, so long as the use of said facilities is consistent with the limitations and regulations of applicable DHR and CSH policies. In all circumstances involving outside groups, an application for use of facilities must be signed by and approved by the CEO.

No CSH facility will be rented to organizations for the purpose of fundraising activities.

General Rules

For all public facilities – This does not apply to private dwellings located on the CSH campus.

1. Smoking is not permitted inside **any** CSH Facility.
2. No serving or drinking of alcoholic beverages is permitted on CSH grounds or in any CSH facility.

3. No firearms (except by those individuals working in their official capacity as outlined in CSH Policy 5.02 Control of Firearms and Contraband Items II B), illegal drugs, weapons or other contraband will be allowed on CSH grounds.
4. No pets or other animals are allowed inside CSH Facilities.
5. No food or drink is allowed in any of the sanctuaries. Food must be kept in areas designated for that purpose. No food is allowed in the Auditorium.
6. The throwing use of rice is not allowed. If you choose, you may use birdseed. However, birdseed can be slippery. Therefore, the throwing of birdseed is not permitted around entrances or entry steps. It is the responsibility of the applicant/user or designee to ensure that this rule is observed and that walkways and steps are swept clean.

Scheduling

An application and deposit are required. All applications are subject to approval by Central State Hospital Housing Authority Office and the Chief Executive Officer. All arrangements for facility use by outside groups are to be initiated through the CSH Housing Authority Office. Client programming and other official hospital events will have first priority, other government agency activities shall have second priority, and all eligible outside groups will be scheduled next.

The CSH Chief Executive Officer has the authority to designate those facilities which will be available to outside groups, to require the execution of the rental agreement, to designate the times and other conditions for use, to waive all or part of fees when appropriate, and to approve or disapprove applications for rental.

Facilities

The availability of hospital facilities to outside groups will generally not include times during usual business hours (8 a.m. – 5 p.m., Monday thru Friday), or at other times when the facilities are likely to be used for hospital functions. Usual days and times of availability will be (a) weekday evenings (5 p.m.-9 p.m.) and (b) weekend and Holidays (10 a.m.-10 p.m.). The Chief Executive Officer may only make exceptions to these hours of use provisions.

The following facilities of the hospital are approved for use by outside groups. Weddings or Special Events may be held at most of the following locations:

Main Chapel & All other Chapels
Fellowship Hall
Cedar Pond Recreational Facility
Central State Hospital Pavilion & Gardens
Auditorium
Baseball Field.
Funerals may be held at any of the Chapels

- Chapels - There are three chapels available on the Central State Hospital grounds. The main chapel (Chapel of All Faiths) is the one most used for weddings. However there are two (2) smaller chapels available for

use around the complex. The smaller chapels do not have dressing areas, a Fellowship Hall or kitchen.

Central State Hospital (CSH) will not be responsible for personal items such as wedding gowns, wraps, purses, silver and glassware brought to the chapel for use in a wedding or reception; nor will CSH be liable for such items that are lost, stolen or damaged.

- Fellowship Hall – Located on the ground floor of the Chapel of All Faiths.
- Dressing Rooms – Available at most facilities and are included in the rental fee.
- Cedar Pond Recreation Facility – Available for weddings, family reunions, or other general uses. The small pavilion is located on the grounds may also be used. There are no amenities (pots, pan, plates, cups, utensils, etc.) available. Canoeing, boating, swimming and wading are prohibited.
- CSH Pavilion & Gardens – Located off Vinson Highway. Only appropriate activities are allowed in this area. No open fires, bands or sound systems are permitted. The parking lot area is not to be used except for the parking of motor vehicles.
- Auditorium – Available for sporting events only.
- Baseball Field – Located south of the Howell Building. This area is unavailable after dusk.

Applicants should specify which facility they would like to use, and their activities should be confined to those areas.

Kitchen facilities are available to support receptions. There are kitchens facilities in the Chapel of All Faiths, Cedar Pond Recreation Facility, and CSH Pavilion & Gardens. Caterers and others are encouraged to provide their own plates, cups, and trays.

Facility Host/Hostess – A host/hostess is someone who will be responsible for conducting the initial and follow up checklist of the facility with the applicant/user or designee. A list of host/hostesses may be obtained by contacting CSH Housing Authority Office.

It is the responsibility of applicants to set up meetings with the Facility Host/Hostess. An initial meeting for purpose of coordinating and reviewing of the CSH Rental Policy should be arranged no later than one (1) month prior to the event. It is suggested that all parties (caterers, ministers, musicians, etc.) be included during the initial and subsequent meetings.

Facility Host/Hostess will be available for all events. He/She will open and close the facilities at the appropriate times. Following the event he/she will review the rental checklist with the applicant/user or designee to ensure that all facilities are in proper order.

A checklist will be used to insure that all appropriate areas are left clean and undamaged. This checklist will be reviewed before and after each event with the applicant/user/designee.

Decorations – Care must be taken to protect all facilities when decorating for any event or occasion.

A. Furnishings – The sanctuary chairs/furnishings, other than the pulpit, may be moved. If any of the furnishings need to be moved, the Facility Host/Hostess will see that the items are removed. At the conclusion of all events, all chairs/furnishings must be returned to their proper place or there will be a charge.

No candles or candelabra may be used on the communion table unless the table has been covered with a protective covering of some kind. Candelabras must have a plastic sheeting under them to protect flooring.

All candles must be drip less. Areas where candles are used must be protected from dripping wax. Even drip less candles can drip. CSH requires the use of special metal candles. These can be rented through the CSH Foundation at a cost of \$1.00 per candle and are per event. Contact the CSH Housing Authority Office for details.

B. Floral Arrangements – All decorations must be removed as soon as possible following event/service, so that the area can be readied for the next activity.

NO glue, tacks, nails, staples or tapes may be used to attach decorations to the walls, pews, woodwork, framework, floors, or windowsills.

Placing all potted plants in containers that do not leak will protect all floors. Also, a protective covering must be placed under all plants to prevent any damage to floors.

Any damage caused, will result in forfeiture of deposit.

Cleaning - In general, leave the rented area in the same condition prior to use (i.e. tables and chairs clean, trash taken to dumpster outside, and all decorations removed). If any section of the checklist reviewed with the Host/Hostess is not completed in full, a prorated amount of the deposit will be forfeited at a rate of 7% per checklist item.

Sound System – The sound systems in the chapel areas are locked and are not available for use during event. The only exception to this is for funerals, when prior approval has been obtained. Facilities Host/Hostess will have keys to area if approval is given.

Other Fees – The Central State Hospital reserves the right to bring action against the applicant/renter to recover monetary damage for waste, damage to the facility, or damage to the equipment of the facility.

Fees

Facilities Available	Rental Charge	Length of Rental
Weddings/Rehearsals/Receptions		
Chapel Sanctuary & Fellowship Hall (both)	\$355	Up to 6 hours – 2 days
For the Ceremony & Reception	300	Up to 6 hours – 1 day
Fellowship Hall only	137	Up to 6 hours
Sanctuary & Dressing Room only	218	Up to 6 hours – 1 day
Cedar Pond Recreation Area	109	Up to 6 hours
Funerals* (see below)		
Chapel & Fellowship Hall	\$137	Up to 4 hours
Chapel only	80	Up to 4 hours
Other Areas		
Pavilion & Gardens	\$ 55	Up to 6 hours
Auditorium – Sporting Events Only	109	Up to 6 hours
Auditorium – Employees Only	11	Per every 2 hours
Baseball Field	11	Up to 2 hours
Pecan Grove	79	Up to 6 hours
Cafeteria	105	Up to 6 hours

*Funerals – Arrangements and scheduling will be worked out with CSH Housing Authority. Host/Hostess is not required for funerals.

Payment – Acceptable form of payment is cash or money order and will be billed by the CSH Housing Authority Office and paid by the applicant/user to the CSH Cashiers Office in the Lawrence Building. The fee is due and must be paid in full, prior to the time of the event(s). All balances are due 14 days prior the event(s).

Cancellation Policy – 50% of fee refunded for cancellations more than 14 days before event. There will be no refunds for cancellations within 14 days of events.

Approved:

Marvin Bailey
Chief Executive Officer

Scott Van Sant, MD
Chief Medical Officer

Attachments:

Attachment I: CSH Rental Application
Attachment II: CSH Rental Agreement
Attachment III: CSH Waiver of Responsibility
Attachment IV: CSH Rental Checklist
Attachment V: CSH Foundation, Inc. – Candle Rental Order Form

Central State Hospital Rental Application

Deposit is due at the time the application is returned to Central State Hospital.

Contact Information:

Applicant/User: _____
Address: _____
City/State/Zip: _____
Phone: Day _____ Evening _____

Secondary Contact/Designee

Name: _____
Address: _____
City/ State/ Zip: _____
Phone: Day _____ Evening _____

Facility Requested:

_____ Chapel of All Faiths	_____ Auditorium
_____ Fellowship Hall	_____ Ball field
_____ Cedar Pond Recreation Area	_____ Other Facility Requested Below
_____ CSH Pavilion and Gardens	_____

Type of Event/Affair Planned:

_____ Wedding	_____ Banquet
_____ Reception	_____ Meeting
_____ Funeral	_____ Shower
_____ Reunion	_____ Other (Specify) _____

Date(s) Requested:

From: _____ To _____
(Date & Time) (Date & Time)

Total Guest Expected: _____

Acknowledgement:

I have reviewed the Central State Hospital Policy, Fees List, and the Wavier of Responsibility.

Applicants Signature: _____ Date: _____

Approved by: _____ Date: _____

Central State Hospital Rental Agreement

Facility Requested:

_____ Chapel of All Faiths	_____ Auditorium
_____ Fellowship Hall	_____ Ball field
_____ Cedar Pond Recreation Area	_____ Other Facility Requested Below
_____ CSH Pavilion and Gardens	

Date(s): _____

Time: _____

The following events are permitted in these facilities: Indicate choice

_____ Wedding	_____ Banquet
_____ Reception	_____ Meeting
_____ Funeral	_____ Shower
_____ Reunion	_____ Other (Specify) _____

All users must follow the following guidelines: (Please initial each).

- A. Deposit must be paid at the time the application is presented. _____
- B. Candelabras/Potted plants used must be placed on plastic. _____
- C. No food in sanctuary. _____
- D. All money and agreements must be signed and approved/paid at least 14 days before the event. _____
- E. No alcoholic beverages are permitted in any Central State Hospital Facility. _____
- F. No smoking is permitted in any Central State Hospital Facility. _____
- G. No disorderly conduct. _____
- H. Applicant/Renter/User must provide their name, current address, and current telephone number and the same must be provided for a second contact. _____
- I. Funeral services must be paid by the funeral home in charge of arrangements. _____
- J. A Host/Hostess has been notified and is available at the time of the event. _____
- K. _____, my second contact/designee, will be responsible for completing the rental checklist in my absence. _____

The CSH Housing Authority Office must review, collect fees, sign and ensure that each agreement and wavier of responsibility is completed and approved by Central State Hospital Authorities.

I have reviewed the above guidelines and agree to adhere to all of them.

Renter

Date

Witness

Date

Central State Hospital Waiver of Responsibility

I, _____, have agreed to adhere to the guidelines outlined by Central State Hospital Housing Authority Office and the Approving Authority. I further assume all responsibility for my participants and guests. I acknowledge that Central State Hospital will not assume responsibility for accidents during the time of my event/activity for which I have rented this facility(ies).

Renter

Date

CSH Housing Authority Officer

Date

Central State Hospital Rental Checklist

Before After
Event Event

Kitchen:

_____	_____	Stove and kitchen area clean and devoid of food particles, pots, pans, etc.
_____	_____	No food or beverages left in refrigerator
_____	_____	All kitchen tables and countertops clean and devoid of food, utensils, paper products
_____	_____	Icemaker closed and outside clean
_____	_____	All garbage from kitchen placed in trash dumpster outside
_____	_____	Oven and microwave cleaned with no food left inside
_____	_____	Kitchen floor swept

Fellowship Hall / Common Use Areas & Dressing Rooms:

_____	_____	All decorations taken down and removed from building
_____	_____	All garbage taken to outside dumpster
_____	_____	All tables and chairs cleaned
_____	_____	All chairs returned to the location they were in upon arrival to facility
_____	_____	All food items removed

Restrooms:

_____	_____	All trash removed and taken to outside dumpster
-------	-------	---

Chapels Only:

_____	_____	All decorations removed
_____	_____	All candles must be non-drip type and must be extinguished and removed from buildings
_____	_____	All debris removed from carpet
_____	_____	All props removed
_____	_____	All furnishings returned to their proper place
_____	_____	Entry ways free of debris (i.e. birdseed)

Cleaning Instructions:

As per the CSH Rental Policy, leave the area in the same condition you received it (i.e., tables and chairs clean, trash taken to dumpster outside and all decorations removed). If any section(s) of this checklist is not completed in full, a prorated amount of the deposit will be forfeited at a rate of 7% per checklist item.

**Checklist to be filled out at the beginning and end of the event by the Facilities Host/Hostess and the applicant/user or designee.



Central State Hospital Foundation, Inc.

Candle Rental Order Form

Name of Renter: _____ **Date of Event:** _____

Length of Candles needed:	10 inch	12 inch	15 inch	18 inch	Total:
Number of each needed:	_____	_____	_____	_____	_____
*Color preferred:	_____	_____	_____	_____	_____

Total: _____

Cost per candle: _____ **x \$1.00**

****Total Cost of Rental:** _____

Payment is to be made to the Central State Hospital Foundation, Inc.

Signature

Date

*If no color selected, candles will be white. All colors, other than white, may have to be special ordered. Please place request far enough in advance to allow for shipping.

** All payments must be received prior to the event.