

Choose Safe Places

For Early Care and Education

Child Care Business Self-Audit Survey

The Tennessee Department of Health wants children to be safe and healthy while enjoying their early care and education. Sometimes the past use of a property makes it a poor choice for children. Returning this questionnaire will allow us to look into the environmental history of the site where your early care and education business is or will be located. This can protect the children, your employees, and your business investment.



This questionnaire collects information about businesses currently located in the same building as your business. An adjacent business could release hazardous materials into the environment that could impact the health of children and employees at your early care and learning business. We are also asking about past uses for the property and buildings. Some past uses could have left chemicals behind on the land or in the buildings. The information you provide will help the Tennessee Department of Health identify whether chemicals may be present at your early care and education business.

Please answer the questions to the best of your ability going back in time as far as readily available information allows. Your landlord or realtor may be able to help with some of the questions. If, after a reasonable level of effort, you are not able to obtain information about the history of your property, you can check "unknown".

For more information about our program, please visit tn.gov/ChooseSafePlaces.

If you have questions about completing or submitting this survey, please see the contact information below or call us at 615-741-7247. For licensing questions, please contact your DHS Pre-Licensure Specialist.

WAYS TO SUMBIT SURVEY:

- 1) Online: <https://redcap.link/choosesafeplaces> or scan QR code to the right.
- 2) Complete below and scan and email: ChooseSafePlaces.TN@tn.gov
- 3) Complete and mail to: Choose Safe Places, TDH, 3rd Floor, 710 James Robertson Pkwy, Nashville, TN 37243



Unless otherwise specified, all fields must be answered.

GENERAL INFORMATION

Your Name

Your Phone Number

Your E-Mail Address

Name of Child Care Business (Optional)

Business Street Address (Physical address of property,
NOT a PO Box or mailing address)

Business City

Business Zip Code

Business County

If you are in the pre-licensure process and have been assigned a Department of Human Services (DHS) Pre-Licensure Specialist, we can send them a copy of our response to let them know you've completed a Choose Safe Places screening. Please provide their email address (will end in @tn.gov) in the space below. If already licensed by DHS, please write in "Already Licensed." If none of the above or prefer not to respond, please write in "NA".

ADJACENT BUSINESSES

1. Will the child care business be in the same building as other businesses (e.g. in a strip mall or shopping plaza)?
Circle answer and proceed as indicated by answer.

- a. Yes – Go to question 2
- b. No – Go to question 4

2. Are any of the following businesses currently operating in the same building/strip mall as the child care business? Check all that apply.

☐
☐
☐
☐
☐

Drycleaner
Hair Salon/Nail Salon
Auto Repair/Auto Painting Shop
Copy/Print Shop
Factory/Manufacturing/Industrial

☐
☐
☐
☐
☐

Metal Plating
Gas Station
Funeral Home
Art Supply/Hobby Shop
Unknown

3. Will the child care business have a separate heating and ventilation system (HVAC) from all other businesses?

☐

Yes

☐

No

☐

I don't know

PROPERTY QUESTIONS

4. Where will the child care business's drinking water come from?

☐

Municipality (City water, public utility, etc.)

☐

Private well or spring

☐

I don't know

5. In what year was the building constructed? Please try to be specific. If you do not know, please provide a best guess or decade (e.g. 1960s).

6. Was the land or building ever used in the past for any of the following? Check all that apply.

☐
☐
☐
☐
☐
☐

Drycleaner
Gas Station
Auto Repair/Auto Painting Shop
Landfill/Dump
Factory/Manufacturing/Industrial
Funeral Home

☐
☐
☐
☐
☐
☐

Metal Plating
Shooting Range
Farming/Agriculture
Hair Salon/Nail Salon
Copy/Print Shop
Other: _____

7. For any boxes you checked above, please provide as much additional information as possible below. Attach additional pages if providing information for more than one type of past use.

Name of property owner: _____

Company/Business Name: _____

Owned/operated during what years? _____

Provide details about the business including a description of the operation if known.

8. Have any of the following documents ever been prepared for the property? Check box(es) if "yes".

- ☐ Phase I or II Environmental Site Assessment ☐ Unknown
☐ Participation in a State program such as the Voluntary Program or Brownfields Program

If "yes", are any documents/reports available?

- ☐ Yes ☐ No ☐ I don't know

If "yes", please include available reports with your survey submission.

9. Have you seen anything on the child care business property that makes you think harmful chemicals could have been used there in the past? *(For example, metal drums, discarded car parts, construction debris, farm equipment, areas where grass does not grow, concrete or metal plate on the ground covering a hole?)*

- ☐ Yes ☐ No ☐ I don't know

If "yes", please provide further details. Include additional sheets if needed.

THANK YOU FOR COMPLETING OUR SURVEY!

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OR

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