



## Better Beginnings Form G Facility Self-Evaluation

Name of Facility: \_\_\_\_\_

License/Registration # \_\_\_\_\_

Identify the assessment tool(s) used for the facility.

Select all that apply:

- ITERS
- ECERS
- FCCERS
- SACERS
- YPQA
- YYPQA

Identify the self- assessment method being submitted

- copy of score sheet from assessment materials with each sub scale marked
- subscale self-evaluation from Better Beginnings Tool Kit
- An external Assessor has conducted a review(s) or Technical Assistance visit using a rating scale on the following date(s) (copies not required):

\_\_\_\_\_

- other type of self-evaluation or checklist, not listed above (must include some subscale items and not only an overall score estimation) please specify \_\_\_\_\_

**Be sure that EACH document set is labeled with your center name and license/registration number.**

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

Optional Form