



Please print clearly

<b>Date:</b>	Name: _____	Provider #: _____ <small>(if applicable)</small>
	Center Name: _____	Center #: _____ <small>(3 digits)</small>
	Address: _____	
	City: _____	State: _____ Zip: _____

*Please fill out the test by hand.*

1. List four most prevalent types of illnesses children can acquire:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

2. Children are less likely in general to get ill in a day care home as compared to a day care center.  
 TRUE or FALSE

3. Hand washing only needs to be done before preparing food.  
 TRUE or FALSE

4. The diaper changing area should be washed with disinfected after every diaper change.  
 TRUE or FALSE

5. The most sanitary form of hand washing is with bar soap.  
 TRUE or FALSE

6. The temperature on the dishwasher should be set at 200 degrees.  
 TRUE or FALSE



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7. Towel drying is the most sanitary way to dry your dishes.  
TRUE or FALSE
8. One way to help prevent respiratory infections is to space sleeping mats apart and place children alternately head to foot.  
TRUE or FALSE
9. The TDHS requires you to send sick children home immediately.  
TRUE or FALSE
10. Parents of children in care should be notified immediately if one of the children is reported as having a communicable disease.  
TRUE or FALSE

By signing and dating this form, you are agreeing that you have filled out this test to the best of your ability.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Do not write below this line*

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DATE CREDIT IS ASSIGNED

PROGRAM REPRESENTATIVE

CREDIT HOURS