



Please print clearly

Date:	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. Whole milk is recommended for:
 - a) Infants b) 12 months to 2 years c) Over 2 years

2. Limit juice for children ages 1-6 to:
 - a) No more than 4-6oz per day b) No more than 8-12oz per day
 - c) No restrictions

3. Vitamin fat-soluble vitamin:
 - a) Is needed 3 times a week b) Helps us see in daylight
 - c) Helps to maintain healthy skin d) All of these

4. The vitamin that is important in forming bones, cartilage, muscle, blood vessels, cataracts is:
 - a) Vitamin A b) Vitamin B c) Vitamin C d) Vitamin E

5. At least one fresh, frozen, or canned fruit or vegetable must be served at meal time:
 - a) With each meal b) Once a day c) At least once a week

6. Cereal grains that consist of intact, ground, cracked, or flaked kernels are called:
 - a) Refined grains b) Flour c) Whole grains

7. Ingredient terms for common sweeteners are:
 - a) Corn syrup b) Juice concentrate c) Rice syrup d) All of these

8. Which of the following cereals are recommended:
 - a) Corn Pops b) Lucky Charms c) Oatmeal Crisps d) Coco Crisps



9. Vegetable or fruit juice may be served regularly as a meal component:
 a) Breakfast b) Lunch c) Supper
10. Which ingredient must be in a breakfast cereal in order to be a creditable food:
 a) Enriched grain b) Fortified grain c) Whole grain d) All of these

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

DATE CREDIT IS ASSIGNED

PROGRAM REPRESENTATIVE

CREDIT HOURS