



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. All children should take swimming lessons as soon as possible.
 TRUE or FALSE

2. If you must, it is okay to leave an infant on a couch or bed for a minute or two to answer the telephone or door.
 TRUE or FALSE

3. Which of the following insect bites are poisonous (circle all that apply):
 a) fire ants b) wasps c) centipedes d) ticks e) spiders f) bees

4. Teach children which snakes are poisonous and which are helpful so they can be safe without developing irrational fears of snakes.
 TRUE or FALSE

5. Most poisonous deaths are caused by drug poisoning.
 TRUE or FALSE

6. If a child has swallowed a corrosive substance, cause vomiting at once to prevent any further damage.
 TRUE or FALSE

7. Thanks to government laws, most modern product labels give proper poison warnings.
 TRUE or FALSE

8. Which is **NOT** a common symptom of drug overdose?
 a) increased activity b) sleepiness c) vomiting d) shallow breath



9. Which is **NOT** a common symptom of pesticide poisoning:
a) upset stomach b) high fever c) dizziness d) unconsciousness
10. Do not move a child who may be a victim of fume poisoning.
TRUE or FALSE
11. Which of these 2 plants are **NOT** poisonous:
a) azalea b) daffodil c) marigold d) buttercup e) oleander f) morning glory
12. The food substances which provide the best breeding place for bacteria are foods containing dairy products.
TRUE or FALSE
13. Your home or center should be inspected daily for all safety hazards.
TRUE or FALSE
14. If you must leave children alone in a car, remove the keys, set the emergency brake, roll up the windows, and lock the doors.
TRUE or FALSE
15. A day care should have an emergency exit and a floor plan with the exit marked.
TRUE or FALSE
16. In case of severe storms, the safest room has:
a) a telephone b) inside walls c) a television set
d) a transistor radio e) windows f) water pipes

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