Great Start to Quality
Level 1 Orientation Training

Welcome

www.greatstarttoquality.org
Please complete the pre-survey below if you have not already!

https://forms.office.com/r/xAAHBYYyWy6
Great Start to Quality Orientation: Level 1 of Michigan’s Quality Development Continuum
Today’s Agenda

- 9:00 am – 1:30 pm
  - Welcome and Introductions
  - Health and Safety Topics
  - First Aid & CPR Overview

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Let’s Talk Details

- Muting/Unmuting
- Using the Chat
- Using Polls
- Asking Questions
- Resource Packet

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Health and Safety Topics

• Child development
• Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
• Recognition and reporting of child abuse and neglect
• Prevention of sudden infant death syndrome and use of safe sleep practices
• Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic
• Prevention and control of infectious diseases (including immunizations)
Health and Safety Topics

• Administration of medication, consistent with standards of parental consent
• Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
• Emergency preparedness and response planning
• Prevention of and response to emergencies due to food and allergic reactions
• Precautions in transporting children
• Pediatric First Aid and cardiopulmonary resuscitation (CPR) certification
Today’s Learning Objectives:

- Prevent, plan for, and practice responding to common health and safety issues inside and outside the home

- Discover how to access more training so you can learn new things and increase your payment

- Practice handling medical emergencies with CPR and emergency First Aid

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Child Development and Care Program Information

Website: www.Michigan.gov/childcare
Phone 1-866-990-3227
Fax 517-284-7529
Working Agreements

- Ask questions
- Share your knowledge; respect other’s opinions
- Turn off cell phones or put on vibrate
- Take care of yourself

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Getting to Know You

- My name is _____
- I take care of _____ child(ren)
- She/He/They are _____ old
- I’ve been caring for children for _____ months/years
- I enjoy caring for children because _______
- Today I’m hoping to learn more about _______
Child Development
Child Development: Serve and Return Builds Brains
Child Development: 
Serve & Return Builds Brains

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Child Development: Developmental Milestones

Social/Emotional

Physical/Movement

Language/Communication

Cognitive/Thinking
Child Development: Developmental Milestones

Read through the **Milestone Moments or Positive Parenting School Age** handouts that correspond with the ages of children in your care.

What is important for us to know about children at this age?

What are some activities you could do with the children to support their development?
Child Development: Concerns About Development

Use the milestones to help identify possible delays

Share what you are observing with the child’s family

Encourage the parent or guardian to contact the child’s health care provider about any concerns

Early On: www.1800earlyon.org or 1-800-327-5966

Build Up: www.buildupmi.org or 1-888-320-8384
Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment
Prevention of Child Maltreatment
Differences by age

Young children experience higher rates of maltreatment than older children. In 2017, children 3 and younger had a maltreatment rate of 15 per 1000, compared with 10 per 1000 for children ages 4 to 7, 8 per 1000 for ages 8 to 11, 7 per 1000 for ages 12 to 15, and 5 per 1000 for children ages 16 to 17 (Appendix 2).
Prevention of Child Maltreatment: Appropriate Guidance

The State of Michigan manual for licensed childcare providers prohibits the following means of punishment: hitting, spanking, shaking, biting, pinching, restricting movement, and inflicting emotional or mental harm.

Children deserve to be treated respectfully and appropriately in a positive manner. Research has linked mental and emotional stress and corporal punishment with negative effects such as learning issues and later criminal behavior.
Prevention of Child Maltreatment: Appropriate Guidance

Make sure the space is ready

Model the behaviors and language you want to see

Tell children what you want them to do

Redirect the child to a positive choice

Ignore behaviors when appropriate

Remove the child from the situation

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Prevention of Abusive Head Trauma or Shaken Baby Syndrome

Happens when a child is vigorously shaken

Inconsolable crying is the number one cause

Causes damage to the brain, eyes, ribs, and in severe cases, death

No amount of shaking is safe
Prevention of Child Maltreatment: Have a Plan When You’re Feeling Stressed

Know it is okay to ask for help

Have easy access to parent phone number and other support people

Know that it is okay to let an infant or toddler cry – if the child is safe

Step into another room and breathe
Recognition and Reporting of Child Abuse and Neglect
Recognition and Reporting of Child Abuse and Neglect

As a License Exempt Provider, you are committing to understanding your role as a Mandated Reporter

Know the signs of abuse and neglect

Michigan Department of Health and Human Services Centralized Intake (855-444-3911) is open 24 hours a day, 7 days a week to report by phone or online
Prevention of Sudden Infant Death Syndrome and the Use of Safe Sleep Practices
What belongs in the sleeping area?
Prevention of Sudden Infant Death Syndrome and the Use of Safe Sleep Practices

Alone on back

In crib, bassinet or pack-n-play

On a firm mattress with a tightly fitted sheet

No pads, blankets, wedges or positioners

In the same room as an adult
Prevention of Sudden Infant Death Syndrome and the Use of Safe Sleep Practices: Choking
Prevention of Sudden Infant Death Syndrome and the Use of Safe Sleep Practices

Three Ways Infants Can Suffocate in Inclined Sleepers
Infants have died with restraints buckled and unbuckled.

Head turns into side padding  Baby rolls over  Head falls forward

Illustrations: Chris Philpot

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Break
Please return in 5 minutes

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Building and Physical Premises Safety
Building and Physical Premises Safety: Serious Injury

“Unintentional injuries—such as those caused by burns, drowning, falls, poisoning and road traffic—are the leading cause of morbidity and mortality among children in the United States.”

-Center for Disease Control (CDC)
Building and Physical Premises Safety: Supervision

- Children under age six should always be supervised directly by sound and sight.
- Even when children are napping, make visual checks.

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What hazards do you see?
Building and Physical Premises
Safety: Indoor Hazards
Building and Physical Premises
Safety: Outdoor Play

- Anchors Children to the Real World
- Social Interactions
- Taking Appropriate Risks
- New Context for Learning
- Opportunities for Collaboration
- Promotes Better Sleep
- STEM Skills
Building and Physical Premises
Safety: Outdoor Hazards

Sun Protection

Water Safety

Animal Bites
Building and Physical Premises Safety: Outdoor Hazards

Traffic, Driveways, and Parking Lots

Weather

Playground
Building and Physical Premises
Safety: Lead

Paint

Water
Building and Physical Premises Safety: Lead Exposure

Exposure to lead can seriously harm a child’s health.

- Damage to the brain and nervous system
- Slowed growth and development
- Learning and behavior problems
- Hearing and speech problems

This can cause:

- Lower IQ
- Decreased ability to pay attention
- Underperformance in school
Prevention and Control of Infectious Diseases (Including Immunizations)
Prevention and Control of Infectious Diseases: Types of Infections

Types of Infections

- Viral
- Bacterial
- Parasitic
- Fungal
- Prion Disease
Prevention and Control of Infectious Diseases: The Spread of Germs
Prevention and Control of Infectious Diseases

Research shows that cell phones carry 10 times more bacteria than most toilet seats. The sink drain is the dirtiest place in the home, followed by the kitchen sponge. Regular handwashing is one of the best ways to remove germs, avoid getting sick, and prevent the spread of germs to others.

Hand-washing technique with soap and water

1. Baby shark, doo, doo, doo, doo, doo, doo
2. Baby shark, doo, doo, doo, doo, doo, doo
3. Baby shark, doo, doo, doo, doo, doo, doo
4. Baby shark, doo, doo, doo, doo, doo, doo
5. Mommy shark, doo, doo, doo, doo, doo, doo
6. Mommy shark, doo, doo, doo, doo, doo, doo
7. Mommy shark, doo, doo, doo, doo, doo, doo
8. Mommy shark, doo, doo, doo, doo, doo, doo
9. Daddy shark, doo, doo, doo, doo, doo, doo
10. Daddy shark, doo, doo, doo, doo, doo, doo
11. Daddy shark, doo, doo, doo, doo, doo, doo
12. Daddy shark, doo, doo, doo, doo, doo, doo
13. Grandma shark, doo, doo, doo, doo, doo, doo

Create your own
https://washyourlyrics.com

Prevention and Control of Infectious Diseases: Vaccines/Immunizations

If only SOME get vaccinated...
...the virus spreads.
Healthy, non-vaccinated  Healthy, vaccinated  Not-vaccinated, sick, contagious

If MOST get vaccinated...
...spreading is contained.

This Photo by Unknown Author is licensed under CC BY-NC-ND
Administration of Medication
Administration of Medication

Providers are required to have written permission to administer prescription medication to each child in care.

Discuss the dosing schedule with the family and follow the manufacturer’s directions or the prescription label for any medications.

All medications must be stored in their original container.

Wash hands before administering medication.

Do not call medication candy: explain what the medication is and why the child is taking it.

Tell children to only take medication with a trusted adult.
Administration of Medication

- Cold/Flu Medications
- Diaper Rash Products
- Mosquito Repellant
- Aspirin/Acetaminophen

- Powders
- Sunscreen

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Administration of Medication: The Five Rights

The Five Rights:

1. Right Child
2. Right Medication
3. Right Dose
4. Right Way
5. Right Time

Check the Five Rights:

When medication is taken out of storage
Immediately before administering
After administering
You provide care for Libby, a 3-year-old who weighs 40 pounds. Libby feels warm, so you take her temperature and see that she has a fever. You have written permission from the parent for Libby to have some Tylenol as needed.

How much Tylenol would you give Libby?

---

**Children’s TYLENOL® Oral Suspension**

**DOSE:** Repeat every 4 hours as needed. Do NOT give more than 5 doses in 24 hours. If possible, use weight to dose; otherwise, use age.

<table>
<thead>
<tr>
<th>WEIGHT</th>
<th>AGE</th>
<th>DOSE</th>
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<td>24-35 lbs</td>
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<tr>
<td>36-47 lbs</td>
<td>4-5 years</td>
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<tr>
<td>48-59 lbs</td>
<td>6-8 years</td>
<td>10 mL</td>
</tr>
<tr>
<td>60-71 lbs</td>
<td>9-10 years</td>
<td>12.5 mL</td>
</tr>
<tr>
<td>72-95 lbs</td>
<td>11 years</td>
<td>15 mL</td>
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</table>

**ACTIVE INGREDIENT**

Acetaminophen 160 mg (in each 5 mL)
You provide care for Jaylen, a 13-month-old who weighs 17 pounds. Jaylen had his vaccinations this morning and seems uncomfortable. You have written permission from the parent to give Jaylen some Motrin to help relieve any pain he might be experiencing.

How much Motrin would you give Jaylen?

**Pain & Fever**
**Infants’ MOTRIN® Concentrated Drops**

**DOSE:** Repeat every 6-8 hours as needed. Do NOT give more than 4 doses in 24 hours. If possible, use weight to dose; otherwise, use age.

<table>
<thead>
<tr>
<th>WEIGHT</th>
<th>AGE</th>
<th>DOSE</th>
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<tbody>
<tr>
<td>12-17 lbs</td>
<td>6-11 months</td>
<td>1.25 mL</td>
</tr>
<tr>
<td>18-23 lbs</td>
<td>12-23 months</td>
<td>1.875 mL</td>
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</tbody>
</table>

**ACTIVE INGREDIENT**
Ibuprofen (NSAID)*
50 mg (in each 1.25 mL)
Handling and Storage of Hazardous Materials and the Appropriate Disposal of Bio-Contaminants
Staying Healthy: Preventing the Spread of Illness and Appropriate Disposal of Bio-Contaminants

Clean up spills immediately.

Wear gloves if possible.

Prevent spills from coming into contact with eyes, nose, mouth, or open sores.
Handling and Storage of Hazardous Materials: Poisoning

Children are much more vulnerable to hazardous materials exposure than adults.

Store items in their original containers and clearly label any homemade cleaners.

Always keep toxic items out of sight and reach of children.
Handling and Storage of Hazardous Materials: Medication

- Purses
- Bathroom Cabinet
- Bedside Tables
- Pill Box on Countertop
Handling and Storage of Hazardous Materials: Mistaken Identity Items
Handling and Storage of Hazardous Materials: Mistaken Identity Items

1. Juice
2. Fabuloso
Handling and Storage of Hazardous Materials: Mistaken Identity Items

Ex Lax

Chocolate
Handling and Storage of Hazardous Materials: Mistaken Identity Items

1. Apple Juice
2. Pine Sol
Handling and Storage of Hazardous Materials: Mistaken Identity Items

1. Rubbing Alcohol
2. Water
Handling and Storage of Hazardous Materials: Poison Control

If you think a child may have been poisoned call Poison Control: 1-800-222-1222

Important Information:

Child’s Weight
Child’s Height
 What they ate or touched
 How much was consumed
 Where it touched their body
 When it was consumed or touched

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Handling and Storage of Hazardous Materials: Myth or Fact?

Myth or Fact?
If a child has been poisoned, you should make them throw up.

Missouri Poison Center
MYTH VS FACT

MYTH
If I swallow a poison, I should make myself throw up.

FACT
Poison Centers DO NOT recommend inducing vomiting for any poisons. Inducing vomiting can lead to: damage to the tissues in your mouth and throat, worsening of chemical burns in the throat, and aspiration (inhaling vomit into your lungs).

If you suspect a poisoning, contact the Missouri Poison Center at 1-800-222-1222. Specially trained nurses and pharmacists are available 24/7/365 to answer your questions.
Break
Please return in 5 minutes

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Emergency Preparedness and Response Planning
Emergency Preparedness and Response Planning: Injury/Illness

- Parental consent to seek medical treatment
- Preferred place for emergency and non-emergency medical care
- Non-emergency transportation arrangements
- Care for other children

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Emergency Preparedness and Response Planning: Serious Injury or Death

Report Serious Injury or Death

Within 5 days to CDC

Any physical harm that requires emergency intervention (whether self-inflicted or caused by someone else)

Burns, lacerations, bone fractures, significant blood loss and/or injuries to internal organs

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Emergency Preparedness and Response Planning: Evacuation

It’s your turn!

What kinds of situations could require an emergency evacuation?

You’re caring for the children when the doorbell rings. You answer the door, and a local Emergency Responder tells you that there’s been a gas leak in the neighborhood. He tells you that you have 10 minutes to evacuate the home with the children.

What do you do?
Emergency Preparedness and Response Planning: Fire

What was the leading cause of reported fires in Michigan in 2021?

What room did those fires most often start in?

What are some fire hazards in the home?
Emergency Preparedness and Response Planning: Fire Plans

- Identify Exits
- Plan to Close Doors
- Identify Hazards
- Infants, Toddlers and Special Needs
- Meeting Place

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Emergency Preparedness and Response Planning: Practicing Plans

Monthly Test

What Happens at the Meeting Place?

Monthly Practice

Practice all exits

Never Go Back Inside
Emergency Preparedness and Response Planning: Close Before You Doze
Emergency Preparedness and Response Planning: Tips for Survival

If you must exit through smoke, get low

Lower children first, by the wrist

Call 911 and tell your exact location

Close the door, block smoke with towels or sheets

Be ready to signal from the window

Keep the window clear of any objects
Emergency Preparedness and Response Planning: Tornado

**BE PREPARED FOR A TORNADO**

Tornadoes can destroy buildings, flip cars, and create deadly flying debris.

**HOW TO STAY SAFE WHEN A TORNADO THREATENS**

Prepare NOW

- Know your area’s tornado risk. In the U.S., the Midwest and the Southeast have a greater risk for tornadoes.
- Know the signs of a tornado. Including a rotating funnel-shaped cloud, an approaching cloud of debris, or a loud roar—similar to a freight train.
- Sign up for your community’s warning system. The Emergency Alert System (EAS) and National Oceanic and Atmospheric Administration (NOAA) Weather Radio also provide emergency alerts. If your community has sirens, become familiar with the warning tone.
- Pay attention to weather reports. Meteorologists can predict conditions that might be right for a tornado.

Survive DURING

- Immediately go to a safe location that you identified.
- Take additional cover by shielding your head and neck with your arms and putting materials such as furniture and blankets around you.
- Listen to EAS, NOAA Weather Radio, or local alert systems for current emergency information and instructions.
- Do not try to outrun a tornado in a vehicle.

Be Safe AFTER

- Keep listening to EAS, NOAA Weather Radio, and local authorities for updated information.
- If you are trapped, cover your mouth with a cloth or mask to avoid breathing dust. Try to send a text, bang on a pipe or wall, or use a whistle instead of shouting.
- Stay clear of fallen power lines or broken utility lines.
- Do not enter damaged buildings until you are told that they are safe.
- Save your phone calls for emergencies. Phone systems are often down or busy after a disaster. Use text messaging or social media to communicate with family and friends.
- Be careful during clean-up. Wear thick-soled shoes, long pants, and work gloves.

**IF YOU ARE UNDER A TORNADO WARNING, FIND SAFE SHELTER RIGHT AWAY**

- Go to a safe room, basement, or storm cellar.
- If there is no basement, get to a small, interior room on the lowest level.
- Stay away from windows, doors, and outside walls.
- If you can safely get to a sturdy building, do so immediately.
- Do not get under an overpass or bridge. You’re safer in a low, flat location.
- Watch out for flying debris that can cause injury or death.
- Use your arms to protect your head and neck.

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Emergency Preparedness and Response Planning: Lost Child

- Establish rules for outings
- For older children, set a meeting place
- Dress children brightly
- Show children who can help
- Tell children what to do if approached
- Teach children essential information
Break

Please return in 5 minutes
Prevention of and Response to Emergencies Due to Food and Allergic Reaction
Prevention of and Response to Emergencies Due to Food and Allergic Reaction: Food Safety

Make sure food prep surfaces are cleaned and disinfected

Transfer baby food out of the jar before feeding

Wash fresh fruits and veggies before serving them

Refrigerate food immediately after eating and when in doubt, throw it out

Breastmilk and formula in bottles should be thrown away after two hours

Transfer baby food out of the jar before feeding

Refrigerate food immediately after eating and when in doubt, throw it out
Prevention of and Response to Emergencies Due to Food and Allergic Reaction

**MILD SYMPTOMS**

- **NOSE**: Itchy/runny nose, sneezing
- **MOUTH**: Itchy mouth
- **SKIN**: A few hives, mild itch
- **GUT**: Mild nausea/discomfort

**SEVERE SYMPTOMS**

- **LUNG**: Short of breath, wheezing, repetitive cough
- **HEART**: Pale, blue, faint, weak pulse, dizzy
- **THROAT**: Tight, hoarse, trouble breathing/swallowing
- **MOUTH**: Significant swelling of the tongue and/or lips

**OR A COMBINATION**

- **SKIN**: Many hives over body, widespread redness
- **GUT**: Repetitive vomiting or severe diarrhea
- **OTHER**: Feeling something bad is about to happen, anxiety, confusion

from different body areas.
Prevention of and Response to Emergencies Due to Food and Allergic Reaction

Learn to investigate food labels

Know the names of allergens

Use color-coded stickers at home

Build an allergy emergency kit

Wash hands with soap and water
Precautions in Transporting Children
Precautions in Transporting Children

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Precautions in Transporting Children: Pinch Test

To find a Certified Child Passenger Safety Technician who can check your seat at no cost, email or call Kara Rueckert

RueckertK1@michigan.gov
517-284-3066
Precautions in Transporting Children: Chest Clip

To find a Certified Child Passenger Safety Technician who can check your seat at no cost, email or call Kara Rueckert

RueckertK1@michigan.gov
517-284-3066
Precautions in Transporting Children: Winter Coats
Precautions in Transporting Children: Booster Seats

To find a Certified Child Passenger Safety Technician who can check your seat at no cost, email or call Kara Rueckert.

RueckertK1@michigan.gov
517-284-3066
Precautions in Transporting Children: Car Seat Expiration

Why Car Seats Expire

Innovation & Improved Standards

Wear & Tear

Past Safety-Tested Lifespan

Recalls

Replacement parts

www.nhtsa.gov/recalls
Precautions in Transporting Children: Car Seat Expiration
Training Opportunities
Michigan’s Quality Rating and Improvement System

**Level 1**
- Completion of Great Start to Quality Orientation.

**Level 2**
- Completion of Level 1 and 10 hours of Level 2 approved core trainings annually.
- 20 hours of Level 2 training and a minimum of 10 hours implementing an approved Quality Improvement Plan.

**Level 3**
- Program meets licensing requirements.
- Program meets licensing requirements and is participating in Great Start to Quality.

**License Exempt Providers**

**Licensed programs serving children ages 0-12**

- Program demonstrates quality across some categories of program quality indicators.
- Program demonstrates quality across several categories of program quality indicators.
- Program demonstrates quality across almost all categories of program quality indicators. Program demonstrates high quality.
- Program demonstrates highest quality.
Training Opportunities:
Training Hours for Level 2 Rate

- 10 hours of approved training will increase your subsidy rate
- Trainings must be a minimum of one hour long
- Training must be taken annually to maintain increased subsidy rate
- All trainings on the MiRegistry calendar are approved except GSQO
Search and register for training to meet Level 2 training hours.

CONTACT INFORMATION

Phone: 833-386-9238
Fax: 888-825-9995
Email: support@miregistry.org
Website: www.miregistry.org
Child Development and Care Program
Information

Website: www.Michigan.gov/childcare
Phone 1-866-990-3227
Fax 517-284-7529
Pediatric First Aid and Pediatric Cardiopulmonary Resuscitation (CPR)
CPR and First Aid Basics
What is First Aid?

- Used when emergent treatment is needed for an injury or illness.
- The injury or illness may or may not require additional medical treatment.
First Aid Topics

- Hemorrhage
- Bleeding
- Open Wound
- Seizures
- Allergic Reactions
- Burns
- Poisoning
- Shock
- Head Injury
Choking

Ask if the child can breathe.
Cardiopulmonary Resuscitation

- Life-saving procedure used when an infant, child, or adult’s heart stops beating, or they are unable to breathe
- Includes management of blocked airway, rescue breathing, and chest compressions
Chest Compressions

Child CPR
Ages 1 to 12 Years
## CPR Steps

- **Check the area is safe, lay victim flat**
- **Call 911 or ask someone else to**
- **Check for breathing, if not breathing start CPR**
- **Perform 30 chest compressions**
- **Open airway/tilt chin back**
- **Perform two rescue breaths**
- **Repeat until ambulance or automated external defibrillator (AED) arrives**
Test Your Knowledge Scenarios

- Baby Anna chokes while eating her lunch
- Devonte falls off the climbing gym at the playground and has a bleeding cut on his knee
- You walk into the kitchen to find your co-worker, Emi, lying on the floor non-responsive
Please complete the POST-Survey so you can receive credit for this training!

https://forms.office.com/r/b71Mg0aiSn