ECE INSIDER

November is National Healthy Skin Month

Cabinet for Health and Family Services
Department for Community Based Services
Division of Child Care
November 2018

The ECE Insider is the Division of Child Care's Quarterly Newsletter

for Kentucky Early Care and

Education Child Care Providers.

To receive your copy, send your email address to:

DCCListServ@ky.gov

https://unsplash.com/photos/in9QlspOG6w

Division of Child Care Welcomes a New Director

We would like to welcome Dr. Sarah Vanover as the new Director for the Division of Child Care! Sarah comes to the division with a Doctorate of Education in Educational Policy and Leadership and brings a wealth of knowledge and experience to this position. Her experience includes that of an early childhood teacher, six years combined experience as a pre-school administrator, and 14 years of experience training early childhood providers and speaking at state and national conferences. Sarah also has two years previous experience working within the Division of Child Care as a Training Administrator. She has most recently served in the position of Director of the Toyota Child Development Center. We are extremely excited for the wealth of knowledge and experience Sarah brings to the table!

Kentucky
UNBRIDLED SPIRIT ™

DIVISION OF CHILD CARE

MISSION

To provide leadership in building high quality, community based access to child care and early learning that enhances health, safety, permanency, well-being and self-sufficiency for Kentucky's children and families

Contact:
Sarah Vanover
Director
502-564-2524

INSIDE THIS ISSUE

Division of Child Care Welcomes New Quality Initiative Supervisor

The Division of Child Care (DCC) welcomes Shade Chaffin as the new Quality Initiatives section supervisor. Shade brings over five years of experience with Early Care and Education—two years as a state contractor with the Child Care Council and three years within DCC, first as an Administrative Specialist III in the Child Care Assistance Program and then as the Internal Policy Analyst III for Quality Initiatives Section.

Shade graduated from Morehead State University with a Bachelor's in Theatre. After graduation, he worked as a supervisor for Aramark for three years. Shade has been married to his better half, Kala, for over four years. They reside in Lexington with their two fur children, Dulce and Pan, who sleep 18 hours a day and spend the rest of their time complaining and getting their way. Clearly, cats know the secret to life! Shade enjoys cooking, reading and binge-watching Netflix. We are thrilled for Shade's promotion and are excited about the innovative ideas he will bring to the table to continue to improve the quality of our early care providers!

New All STARS Team Member

DCC would also like to welcome Janet Johnson to central office staff. Janet has a bachelor's degree in Elementary Education from the University of Kentucky. She has many years of experience in the early childhood field, most recently as a Human Service Surveyor within the Quality Initiatives Section and as a STAR Rater under the Race to the Top Early Learning Challenge Grant. She has already assisted DCC with many projects and we are thrilled to have her join our central office All STARS team!

Child Care and Development Fund (CCDF) Funding Increase

Kentucky was awarded an additional 42 million dollars of discretionary funds through the Child Care Development Block Grant. The Administration for Children and Families (ACF) requires that funds be obligated by September 30, 2019 and liquidated by September 30, 2020.

The Division of Child Care has conducted a fiscal analysis on the following proposals:

- Raising reimbursement rates for licensed and certified providers to better align with market rates. Rates were examined at the 35th, 40th, 45th, and 50th percentiles.
- Increasing percent Federal Poverty Level (FPL) for discontinuance at redetermination. Analysis was conducted on discontinuance at 185 and 200 percent FPL.
- Covering the $25 administrative portion of background checks.
- Waiving the work requirement for students enrolled in post-secondary education, technical skill training, or Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T).
- Shifting child care expenses for foster care to CCDF funding source to better align with other states and support.

DCC has shared the findings with Cabinet leadership and is awaiting approval for implementation. The division is working hard to put the reimbursement rate increase and percent FPL at discontinuance increase into effect by December 1, 2018. Updates will be shared through the listserv as they are available.

Child Care Assistance Program (CCAP) Update

Billing Reminders: All CCAP providers are required by Kentucky State Regulations to use the Division of Child Care (DCC) 94E to keep a record of CCAP children's attendance. Children are required to be signed in and out each day. Parental signatures are required to approve care for the week. If a parent's signature is not legible then it also needs to be printed. Additionally, when completing the monthly Provider Billing Form (PBF), please make sure you are using the correct billing codes. While performing random audits, staff have noticed that children are marked absent on the DCC-94E but coded on the PBF with a 1 or 2. This is incorrect and could possibly result in a claim of overpayment. Excused absences should be coded with a 40 and each child is allowed up to 5 code 40's per month. Also, each calendar year allows providers 10 code 43's '*Holiday-Closed but Payment Requested'* to be used at the provider's discretion. Finally, when using the code 60 *'Last Day Attended'* please fill in the rest of the month with code 55 '*No Payment Requested'*. This will cut down on potential claims and billing mistakes. Providers are encouraged to take a refresher course regarding billing. For the link to the course please visit, https://www.hdilearning.org/course/child-care-assistance-program-billing-basics-for-providers/.

Kentucky ALL Stars Updates

Beyond 45% High Quality Rating in Kentucky All STARS

With the achievement of 45% of all licensed and certified childcare providers achieving a high-quality rating being met, the Kentucky All STARS Program has aspired to continue to build upon the momentum and reach higher percentages of high quality child care providers. Through the hard work of our coaches, administrative staff, and community partners, we have been able to surpass the 48% margin for this quarter.

All STARS KICCS Provider Portal Navigation

The All STARS Program will no longer be accepting paper submissions with the integration of the Kentucky All STARS Program onto the KICCS data system. Any program that has an All STARS process with a due date of 10/31/18 onward will have to submit required documentation through the KICCS Provider Portal for Kentucky All STARS.

Kentucky Integrated Child Care System (KICCS) Provider Portal Launch Site:

Once you are on the KICCS Provider Portal Launch Site, the following two guides will help provide guidance on All STARS submissions and due dates:

- **KICCS Portal User Guide**- Located to the right of the screen under "Become a KICCS Portal User" subheading. This guide will provide instructions to create a Kentucky Online Gateway citizen account.
- **All STARS User Guide**- Located underneath "All STARS Section" subheading. This guide will provide instructions and navigation steps for the new All STARS Provider Portal. These steps include applying to move to a higher quality level and submitting an Annual Quality Review.

ALL Stars Provider Portal Update

All STARS Provider Portal Update

All STARS Quality Ratings are now integrated into the Benefind Child Care Provider Search. Ratings are updated nightly.

Annual Quality Review (AQR)

Timeline	All submissions with a due date of 10/31/18 onward must be completed via the KICCS Portal.
Helpful Tips	The cabinet shall notify a provider at least 90 calendar days in advance of the due date for the AQR. Providers can also see pending processes in the KICCS portal.
	Providers and coaches should refer to the Annual Quality Review Provider Guide when completing the AQR.
	If additional information is needed to approve the AQR, the Rater will return the submission in KICCS, email the provider and copy the Quality Coach. The provider will have 14 calendar days to respond. Failure to respond within the timeframe will result in an automatic reduction to a Level 1.
	Once a desk audit is completed within KICCS, future AQRs will pre-populate with the standards that were approved from the previous audit.

All STARS Incentive Payments

Providers will receive monthly remittance statements via snail mail. Payment schedules remain the same. Payments are initiated within 30 days of the completed AQR or desk audit. Payment will arrive within 4-6 weeks from the Department of Treasury.

Opt-Out and Opt-In

Opt-out and opt-in requests are now submitted through KICCS. Programs choosing to opt-out are listed as Not Participating (NP) in the Benefind Child Care Provider Search. All programs choosing to opt-in will enter at a Level 1 and can immediately apply for a higher quality rating.

ALL Stars Provider Portal Update

Quality Rating Certificates

All STARS certificates are now auto-generated in KICCS. Providers may print their certificate directly from the KICCS portal. This feature is only available to providers who submitted their standards verification checklist in the KICCS System. For all other providers, certificates can be requested from the DCC by emailing kyallstars@ky.gov.

For technical assistance:
KICCS Help Desk
Local (Frankfort): 502-564-0104, Option 5
Toll-Free: 866-231-0003, Option 6

For all other questions:
DCC Central Office
Local (Frankfort) 502-564-2524
Toll-Free: 844-209-2657

Listserv Spam Filters

It has come to our attention that many of the announcements that have been shared regarding Kentucky All STARS and the National Background Check Program were missed due to email spam filters. To be safe, please ensure that all child care administrative staff add DCCListserv@ky.gov to their safe sender list. If you are unsure of how to add an email sender to the safe list for your specific email host, this handy guide will tell you how.

https://unsplash.com/photos/1Gvog1VdtDA

National Background Check Program Update

The National Background Check Program (NBCP) deadline of September 30, 2018, for existing employees has passed. Over 33,000 applications have been initiated as of October 12, with 23,300+ being completed. The Kentucky State Police (KSP) are experiencing a backlog causing a delay in providers receiving results. Please know staff are working diligently to get the results to you as quickly as possible.

Please continue to pay careful attention when entering information into the KARES system. Inaccurate data entry impacts KSP's ability to provide us with the results in a timely manner. KSP is dedicating several hours per day trying to verify the inaccurate information. This is time that would be better spent on providing us with the needed results.

The Division of Child Care (DCC) is pleased to announce funding was secured to continue covering the entire $62 background check fee through October 31, 2018. Beginning November 1, DCC will cover the $25 administrative fee associated with the background checks, leaving providers responsible for only paying $37 per background check.

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Please make sure you are requesting child abuse and neglect registry checks for any employee who has resided out of state within the last five years. The only CA/N check completed by the KARES system is the one for Kentucky.

DCC staff are working on a more provider-friendly document with out-of-state contacts and requirements.

For any technical assistance, KARES access, etc., please contact the DCC Helpdesk at CHFSDCCNBCP@ky.gov or by calling 502-564-2524, option 1. Please do not contact the Kentucky Online Gateway (KOG) Helpdesk, KARES Helpdesk or the Kentucky State Police.

https://pixabay.com/en/magnifying-glass-png-detective-2681372/

Homelessness Trainings

The Division of Child Care (DCC) encourages the completion of the training modules found at the link below in an effort to support your work meeting the needs of children and families experiencing homelessness. These 30-minute modules are part of a series of eight modules that will be made available at no cost to participants. According to the Administration for Children and Families, all modules will be available by the end of the calendar year.

Given the importance of this issue, the DCC has approved the modules for early care and education training hours. Upon completion of the training modules, providers should finish the form found here: https://tris.eku.edu/ece/resources/files/119. Providers should submit their completed certificates to ECE-TRIS to receive .5 training clock hours for each module.

The Interactive Learning Modules can be found at this link:
https://eclkc.ohs.acf.hhs.gov/family-support-well-being/article/supporting-children-families-experiencing-homelessness

Questions about training modules?
Providers can contact their regional Child Care Aware Professional Development Coach at https://www.kentuckypartnership.org/about/map .

Training certificates and forms will be submitted to ECE-TRIS at the following website:
https://tris.eku.edu/ece/content.php?CID=1

Additional Resources
Visit the Child Care Aware web site "Our Priorities section" at https://www.kentuckypartnership.org/child-care-aware-of-kentucky to find more resources to support your work.

ATTENTION CREDENTIALED TRAINERS!

The Division of Child Care is required to send electronic renewal notifications to trainers at 90, 60 and 30 days prior to the credential expiration. These notifications are sent via ECE-TRIS. For this reason, it is IMPERATIVE for trainers to verify the correct email address listed in ECE-TRIS. Failure to do so may result in trainers not receiving these notifications and their credential expiring without their knowledge. Once a credential has expired, the trainer must reapply for the credential.

If you need assistance updating your information in ECE-TRIS, please contact you Child Care Aware (CCA) Training Coach. If you aren't sure who your CCA Training Coach is, please use the following link https://www.kentuckypartnership.org/about/map. If you have questions about your credential, please contact the Professional Development staff at DCCPDStaff@ky.gov or by calling 502-564-2524, Option 1.

922 KAR 2:120. Section 7. First Aid and Medicine.
(6) Medication, including refrigerated medication, shall be:
> *(a) Stored in a separate and locked place, out of the reach of a child unless the medication is:*
>> *1. A first aid supply and is maintained in accordance with subsection (1) of this section;*
>> *2. Diaper cream, sunscreen, or toothpaste. Diaper cream, sunscreen, or toothpaste shall be inaccessible to a child;*

Following is a link to an example release form for Sunscreen Product: https://www.kentuckypartnership.org/docs/default-source/child-care-tools-and-tips/6-4-form---blanket-release-for-sunscreen-and-diaper-cream.pdf?sfvrsn=cb42b7e1_2

Also, below is a link to an example release form for Diaper Cream Product: https://www.kentuckypartnership.org/docs/default-source/child-care-tools-and-tips/6-5-release-form---diaper-cream.pdf?sfvrsn=ea46bae1_2

BLANKET DIAPER CREAM RELEASE

Child's Name: _____

Date Range: From _____ to _____

Parent Signature: _____

Please apply _____to prevent
            (Name of diaper cream product)

diaper rash/redness. I have provided the diaper cream product labeled
with my child's name.

Please apply the diaper cream product to my child

_____ At each diaper change

_____ Only when redness is present.

I have provided the diaper cream labeled with my child's name.

REGULATORY COMPLIANCE

Staff are required to administer medication according to the directions or instructions on the medication's label.

Sunscreen and diaper ointment can be given with a blanket permission form.

922 KAR 2:120 Section 7

(5) The child care center shall keep a written record of the administration of medication, including:
(a) Time of each dosage
(b) Date;
(c) Amount;
(d) Name of staff person giving the medication
(e) Name of the child; and
(f) Name of the medication

Question: Does the center need a release form for use of toothpaste?
Answer: Yes. Toothpaste contains drug facts, too. Since it is a medication, the center would be required to maintain release forms if a child is using toothpaste

922 KAR 2:120. Section 7. First Aid and Medicine.
(5) The child-care center shall keep a written record of the administration of medication, including:
    (a) Time of each dosage;
    (b) Date;
    (c) Amount;
    (d) Name of staff person giving the medication;
    (e) Name of the child; and
    (f) Name of the medication.

A chart or log for each child is an easy way to record the required information for the administration of medication. These charts/logs could contain multiple entries over a span of time.

Every effort should be made to administer a medication according to the instructions on the label. If extraordinary circumstances prevent the administration of a medication, record that a dosage was not ad-ministered as requested, i.e., if a dosage is forgotten or if a child left early and was not present at the requested time.

Guidelines for School Programs to Prevent Skin Cancer

Protection from ultraviolet (UV) exposure during childhood and adolescence reduces the risk for skin cancer in adulthood. Young people spend a substantial proportion of their lives in schools, and some of that time will be spent outdoors under the sun. Schools need to be sun-safe places to reduce children's exposure to UV radiation. Schools also can teach students the knowledge, motivation, and skills they need to adopt and maintain sun-safe behaviors for a lifetime. School-based programs on sun safety are an effective way to teach children at an early age how to protect themselves and help decrease their risk of developing skin cancer as adults.

The Guidelines for School Programs to Prevent Skin Cancer (https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5104a1.htm) were designed to provide schools with a comprehensive approach to preventing skin cancer among adolescents and young people. CDC worked with specialists in dermatology, pediatrics, public health, and education from universities; national, federal, state, and voluntary agencies; schools; and other organizations to develop these guidelines. They are based on a review of research, theory, and current practice in skin cancer prevention, health education, and public health.

Summary

Childhood and Adolescent UV Exposure
- A history of one or more sunburns (an indicator of intense UV exposure) in childhood or adolescence has been found to increase the risk of developing basal cell carcinoma and melanoma as an adult.
- Childhood is the most important time for developing moles, an important risk factor for skin cancer. There is some evidence that sun exposure in childhood heightens the risk of melanoma by increasing the number of moles.
- More than half of a person's lifetime UV exposure typically occurs during childhood and adolescence.
- Effective sun protection is practiced by less than one-third of U.S. youth.

Benefits of Promoting Sun Safety in Schools
- Behavior changes can be accomplished through classroom lessons, as well as through school policies and practices related to outdoor activities.
- Schools can set a powerful example for students, families, and the entire community by actively promoting sun safety.

922 KAR 2:120. Section 7. First Aid and Medicine.

(1) First aid supplies shall:

(a) Be available to provide prompt and proper first aid treatment;

(b) Be stored out of reach of a child;

(c) Be periodically inventoried to ensure the supplies have not expired;

(d) If reusable, be:

1. Sanitized; and

2. Maintained in a sanitary manner; and

(e) Include:

1. Liquid soap;

2. Adhesive bandages;

3. Sterile gauze;

4. Medical tape;

5. Scissors;

6. A thermometer;

7. Flashlight;

8. Cold pack;

9. First aid book;

10. Disposable gloves; and

11. A cardiopulmonary resuscitation mouthpiece protector.

Helpful hint: There are no first aid creams or ointments included in the first aid kit. Any first aid cream or ointment applied to a child must be authorized by the parent prior to use. (See regulations for administration of medication.)

Guidelines for School Programs to Prevent Skin Cancer continued...

Key Principles

- Skin cancer is the most common type of cancer, and new cases and deaths from melanoma, the deadliest form, have been increasing dramatically.
- Exposure to the sun during childhood and adolescence typically plays a critical role in the development of skin cancer as an adult.
- To be most effective and efficient, school-based approaches to skin cancer prevention should be implemented as part of a coordinated school health program. No single strategy in isolation can solve the problem.
- Schools can do a variety of activities to prevent skin cancer. First and foremost, schools can create supportive, caring environments that make skin cancer prevention a priority.

Recommendations

CDC's guidelines include seven recommendations for schools from prekindergarten through the 12th grade and are meant to encourage skin cancer prevention on school property and elsewhere. The recommendations are as follows—

1. **Policy.** Establish policies that reduce exposure to UV radiation.
   ◊ Encourage scheduling of outdoor activities during times when the sun is not at peak intensity, when possible.
   ◊ Modify building and grounds codes to increase availability of shade in frequently used outdoor spaces.
   ◊ Encourage or require students to wear protective clothing, hats, and sunglasses.
   ◊ Establish sunscreen use routines before going outside.
   ◊ Support health education activities needed for skin cancer prevention.
   ◊ Disseminate skin cancer prevention information to families.
   ◊ Develop guidance for allocation of resources for skin cancer prevention.

2. **Environment.** Provide and maintain physical and social environments that support sun safety and are consistent with the development of other healthy habits.
   ◊ Consider sun protection in the design of new schools.
   ◊ Identify opportunities to extend or create new shaded areas.
   ◊ Work with community partners to facilitate provision of sunscreen at a reduced price or fee.
   ◊ Use visual and audio messages to remind students to engage in sun-safe behaviors.
   ◊ Encourage all adults to be sun-safe role models.

◊ Have peer educators teach students about sun safety.

◊ Recognize staff and students who practice sun safety.

3. **Education.** Provide health education to teach students the knowledge, attitudes, and behavioral skills they need to prevent skin cancer. This education should be age-appropriate and linked to opportunities for practicing sun-safe behaviors.

◊ Include skin cancer prevention as part of a comprehensive health education curriculum.

◊ Integrate skin cancer prevention into other subject areas as well.

◊ Provide skin cancer education sequentially and reinforce key messages over time, from prekin-dergarten through 12th grade.

◊ Deliver skin cancer education during times of the year when students have the most opportuni-ties for sun exposure and sun protection.

4. **Families.** Involve family members in skin cancer prevention   efforts.

◊ Educate parents about the importance of sun-safe behaviors.

◊ Inform parents about school initiatives and policies and obtain their input.

◊ Encourage parents to advocate for sun-safe policies and practices in the school.

5. **Professional Development.** Include skin cancer prevention knowledge and skills in preservice and inservice education for school administrators, teachers, physical education teachers and coaches, school nurses, and others who work with students.

◊ Integrate skin cancer prevention into existing professional development activities.

◊ Tailor professional development activities to the responsibilities of the audience.

6. **Health Services.** Complement and support skin cancer prevention with school health services.

◊ Include parental permission for use of sunscreen in the health record.

◊ Use sports participation checkups to educate students about skin cancer prevention.

◊ Assess patients' sun exposure patterns and reinforce sun-protective behaviors.

◊ Advocate for skin cancer prevention policies and practices.

7. **Evaluation.** Periodically evaluate whether schools are implementing the skin cancer prevention guidelines. They should be evaluated on policies, environment, education, family involvement,   profes-sional development, and health services.

Source: Division of Cancer Prevention and Control, Centers for Disease Control and Prevention, (July 6, 2018) . *Guidelines for School Programs to Prevent Skin Cancer*. Retrieved from https://www.cdc.gov/cancer/skin/what_cdc_is_doing/guidelines.htm

https://unsplash.com/photos/UEEdAcnCn-I

Ringworm

Child Care Health Consultation (CCHC) will periodically receive phone calls for information about ringworm. Ringworm is a common skin infection that is caused by a fungus, not a worm! It is called "ringworm" because it can cause a circular rash (shaped like a ring) that is usually red and itchy. Ringworm goes by many names. The medical terms are "tinea" or "dermatophytosis." Ringworm on the feet is also called "athlete's foot."

Ringworm can affect skin on almost any part of the body. It can be seen on the scalp, fingernails and toenails. Ringworm can cause red, scaly, cracked skin, hair loss and dandruff-like scaling

Ringworm is very common; and anyone can get ringworm. People who wear tight shoes, have excessive sweating, and who have close contact with animals may be more likely to come in contact with the fungi that cause ringworm. Symptoms typically appear between 4 and 14 days after the skin comes in contact with the fungi that cause ringworm. The fungi that cause ringworm can live on skin, surfaces, clothing, towels and bedding.

Prevention for ringworm includes keeping skin clean and dry; keeping toenails and fingernails short and clean; changing socks daily; and washing hands with soap and running water after playing with pets. There are three main ways that ringworm can spread: from a person who has ringworm; from an animal that has ringworm; and from the environment. People can get ringworm after contact with someone who has the infection. To avoid spreading the infection, people with ringworm should not share clothing, towels, combs, brushes, hair ribbons, barrettes, helmets, hats, or scarves. Many different kinds of animals can spread ringworm to people including dogs and cats.

Ringworm can be diagnosed by a health care provider looking at the affected skin and asking questions about the symptoms. A small skin scraping may be looked at under a microscope or sent to a laboratory for a fungal culture. The treatment for ringworm depends on its location on the body and how serious the infection is. Some forms of ringworm can be treated with "over the counter" medications, Ringworm on the scalp usually needs to be treated with prescription antifungal medication taken by mouth for one to three months. Creams, lotions, or powders don't work for ringworm on the scalp. Ringworm of the scalp is most commonly seen in children between the ages of three and nine years old.

Ringworm continued...

A child with ringworm of the skin is infectious as long as the fungus remains present in the skin lesion. The fungus is no longer present when the lesion starts to shrink. Once the child begins treatment with a medication taken by mouth, the child is no longer considered infectious. Cover skin lesions to control spreading ringworm.

A CCHC Consultant in your area can provide on-site technical assistance and consultation in your child care facility to assist staff in understanding proper ways to decrease infectious diseases. Contact your local CCHC Consultant or call the CCHC Helpline at: 1-877-281-5277. You may also visit the CCHC website for hand washing materials; and for materials on infectious diseases in child care by going to: http:/www.kentuckycchc.org.

Sources: American Academy of Pediatrics: Managing Infectious Diseases in Child Care and Schools a Quick Reference Guide, 4th Edition. Centers for Disease Control and Prevention: https://www.cdc.gov/fungal/diseases/ringworm.

RESOURCES

RESOURCE	PHONE	WEBSITE OR EMAIL
Benefind Portal for Parent Applications	N/A	https://benefind.ky.gov
Caring For Our Children	1-888-227-1770	http://nrckids.org/CFOC/
CCHC Helpline and Website	1-877-281-5277	www.kentuckycchc.org
Child Care Aware of KY	N/A	https://www.kentuckypartnership.org/about/map
Child Care Regulations Questions	N/A	*childcare.regulation@ky.gov*
College Coursework or Training Approvals	(502) 564-2524 Ext. 3754	*dccpdstaff@ky.gov*
Division of Child Care	(502) 564-2524	https://chfs.ky.gov/agencies/dcbs/dcc/Pages/default.aspx
Division of Regulated Child Care	(502) 564-7962	https://chfs.ky.gov/agencies/os/oig/drcc/Pages/default.aspx
ECE-TRIS ECE Training Records Information System	(877) 312-TRIS (8747)	*https://tris.eku.edu/ece/*
Kentucky Governor's Office of Early Childhood	(502) 782-0200	*http://kidsnow.ky.gov*
KICCS Helpdesk	1-866-231-0003 Option 6	*Chfs.kiccshelpdesk@ky.gov*
KICCS Portal Access Requests	(502) 564-2524 Ext. 3898	*portal.access@ky.gov*
Race to the Top Kentucky All STARS	(502) 564-2524 ext. 3780	*http://www.kentuckypartnership.org/resources/race-to-the-top*
To Be Added to DCCListServ Distribution List	N/A	DCCListServ@ky.gov
To Report changes in email address, phone number, services or director	(502) 564-7962	*chfsoigrccportal@ky.gov*