



University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service



October 2022

CARTER COUNTY 4-H

4-H Monthly Newsletter to keep you informed



Club and Projects

Important Dates

County News

CLUB AND PROJECTS

Email rebecca.hayes@uky.edu

Cloverbuds:

Will meet on October 10th at 4:30 pm!
They will meet on the second Monday of each month at the Extension Office.

Teen Council:

Will meet on October 18th at 4:30 pm!
They will meet on the Third Tuesday of each month at the Extension Office. This is open to youth in grades 6-12.

Homeschool:

Will meet on October 18th at 11:00 am!
They will meet on the Third Tuesday of each month at the Extension Office.

Lego Robotics:

Will meet on October 11th at 5:00 pm!
They will meet on the Second Tuesday of each month at the Extension Office.

Heritage School Club:

First Tuesday of each month at school.
October 11th is the next meeting!

IMPORTANT DATES

Achievement Applications:

The achievement application workshop will take place on October 5th from 10 am-Noon at the Extension Office.

Service Project:

In the spirit of National 4-H Week, Carter County will be doing a service project on October 5th from 1:00 pm-4:00 pm at the Extension Office.

Forestry Field Day:

Forestry Field Day is October 20th at Carter Caves. Please register with Rebecca by October 14th,

Holiday Craft Day:

We will be hosting a holiday craft day on December 21st. More details to come!

School Enrichment Dates:

October 17th- Prichard Elementary
October 19th- Star Elementary
October 25th- Tygart Creek Elementary
October 26th- Olive Hill Elementary



@CarterCountyKY4H



@cartercounty4h

Rebecca Hayes



Cooperative Extension Service
Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
LEXINGTON, KY 40546



Disabilities
accommodated
with prior notification.



HIKE & LEARN THIRD FRIDAYS

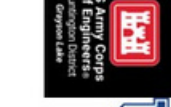
LAUREL GORGE CULTURAL HERITAGE CENTER

OCTOBER 21ST @ 1:00 PM

Laurel Gorge Cultural
Heritage Center
32 Old-KY 7
Sandy Hook, KY 41171

The Details for this Month:
WALKING DISTANCE: Approximately 2 miles **DIFFICULTY:** Moderate
Meet inside the Heritage Center.
We'll view a wildflower slideshow before we start the hike.
Closed-toe shoes are required. Bring your own snacks & drinks.
All ages welcome!
This is our final hike for 2022. Be sure to like the Carter County Agriculture Extension Service Facebook page for details about our 2023 Hike & Learn series.

Hikes may be cancelled due to bad weather or trail conditions. Cancelled hikes will not be rescheduled.
Sign up to receive Hike & Learn reminders, updates, and cancellation notifications by scanning this code.
All activities are FREE!

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Make and Take

Workshops

Charcuterie Boards-October 24, 5:30pm

Cookie Decorating-November TBA

**Fresh Winter Centerpieces and Bows-December
14, Noon**

Basic Quilting- January 27, 9am-3pm

Edible Arrangements- February 9, 5pm

Embroidery- March 23 11am & 5pm

Tie Dye- April 6, 1:00

Mother 's Day Floral Arrangements-May 11, Noon

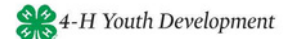
Workshops are offered at the Carter County Extension Education Center for all ages. Pre- Registration is required, and cost of supplies will vary. Collaboration between ANR, 4-H, and FCS Extension. Schedule is subject to change.

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4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (i.e. no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print in blue or black ink to allow for photocopying.

Form Updated: August 2022

Name: _____ County/Area: _____
 Preferred Name: _____ School Name: _____
 Address: _____ Birth Date: _____ Age: _____
 City: _____ State: _____ Zip: _____ Grade: _____
 Phone: _____ Email: _____
 Gender: Female Male
 Residence: Farm Town < 10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,000 City/Suburb >50,000 City– Central >50,000
 Race (please choose more than one if applicable): American Indian Asian Black Hispanic Non-Hispanic Native Hawaiian or Pacific Islander White Prefer Not to Say Not Listed: _____ T-Shirt Size: _____

Parent/Guardian 1: _____ Phone number: _____
 Email: _____
 Parent/Guardian 2: _____ Phone number: _____
 Email: _____

Emergency Contact #1: _____ Phone H W C: _____
 Email: _____
 Emergency Contact #2: _____ Phone H W C: _____
 Email: _____

Is any member of your family a current or former member of the United States Military or National Guard? Yes No

Health History

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "yes" answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Bronchitis..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Convulsions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Diabetes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Ear Infection..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Fainting..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Heart Condition..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Headaches..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Hypoglycemia..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Serious Allergy to Insects..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Serious Allergy to Nuts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Serious Allergy to Gluten..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Serious Allergy to Dairy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Wear Glasses/Contacts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Other Conditions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Drug Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Food Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Other Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" responses:

Please explain any restrictions (dietary, physical, etc):

The following over the counter medications may be administered to my child without contacting me:

- Antihistamine Pill Antacid Ibuprofen (Advil) Hydrocortisone Cream
 Acetaminophen (Tylenol) Decongestant Dramamine Polysporin (topical antibiotic)

List any conditions requiring medication: _____

Name of Family Doctor: _____ Doctor's Phone: _____
 Health Insurance Company: _____ Policy #: _____
 Name of Policy Holder/Relationship to Participant: _____ Member ID: _____

Medical Treatment

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing, or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Publicity Release

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

SIGNATURE OF /GUARDIAN: _____ NO, I do not permit

4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate attire. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, vape juice and/or devices, and/or drugs (except for medications prescribed to the participant by a licensed physician) are prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Possession of firearms not for educational use is prohibited.
- Setting off fire alarms and tampering with fire extinguishing and other emergency equipment are prohibited.
- Gambling of any type is prohibited.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Display of overly affectionate or inappropriate attention between participants is prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Each county may adopt additional Code of Conduct guidelines.

WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time they leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. **Failure to comply with the Code of Conduct by 4-H'ers and family/friends associated with the 4-H participant may result in penalty including, but not limited to, the following:**

- Sent home from the activity or event at his/her own expense
- Released to nearest law enforcement authority
- Barred from participation from future 4-H events
- Termination of 4-H membership
- Assessed the cost of damages for destruction of property

I, _____, have read the Code of Conduct and agree to abide by its rules.

(Print Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member/Volunteer _____ County _____

Parent/Guardian _____ Date _____

**Permission to Participate in 4-H
September 1, 2022 to August 31, 2023**



I give permission for my child, _____, to attend and participate in the following Carter County 4-H activities, during the 4-H program year September 1, 2022 through August 31, 2023: (Please initial all that apply.)

- | | | |
|---|------------------------------------|-----------------------|
| _____ Avian Bowl & Poultry Judging | _____ Cloverbuds | _____ Horse Club |
| _____ Land Judging | _____ Lawn Mower & Tractor Driving | _____ LEGO Wizards |
| _____ Middle School Club | _____ NRESci Academy | _____ Shooting Sports |
| _____ Sonshine Homeschool Club | _____ Teen Council | |
| _____ Win With Wood & Forestry Competitions | _____ Youth Livestock Club | |
- _____ Other – please list: _____

I understand that activities may include, but are not strictly limited to the following activities: 4-H club meetings, hands-on learning activities, field trips, etc.

Participation in the club is designed to expose 4-H members to new skills and experiences and to enable participants to be challenged to try new ideas and activities in a safe, nurturing environment. Club involvement will lead to contact with individuals, both youth and adults, who have differing levels of experience. I understand that participating in the club is strictly voluntary but members are expected to attend club meetings and complete at least six (6) hours of instruction.

I am aware and have discussed with my child that:

- During 4-H meetings and activities, he/she is to accept supervision and guidance from Extension volunteers and personnel.
- Working on a 4-H project in an unsafe manner or unstructured environment may result in injury to him/herself and others in the club.
- Other participants may act in a negligent manner which otherwise may result in harm to my child or my child's animal/property.
- While being transported to 4-H activities or field trips, my child may be involved in a collision with another automobile, person, or object which may result in harm to my child. Use of a seat belt is required.
- Swimming may result in accidental drowning;
- Certain activities may involve use of objects, equipment, tools, devices, or compounds that can result in harm to my child, if they are used by my child or another individual in a manner other than that which was intended.
- Certain risks associated with common activities can occur, including, but not limited to contact with food or environmental allergens or poisonous compounds.
- Certain risks associated with outdoor activities can occur, including, but not limited to contact with poisonous plants, stinging insects, wild animals or reptiles.
- Use of technology (including social media) can lead to dangerous situations. Technology is to be used only in a safe and appropriate manner.
- Working with animals in an unsafe manner or unstructured environment may result in injury to the individual or the animal.
- Being in contact with livestock may give rise to injury.

I recognize that the above outlined activities and potential resulting risks may cause harm, accident, loss, injury or death to participants or other persons in the immediate vicinity. I have discussed with my child the importance of following directions and prescribed safety procedures, which will be outlined by the 4-H volunteers and professionals prior to and during the activities. I have also advised my child to follow posted directions and instructions at and during 4-H meetings, activities, and events.

I understand that my child is not required to participate in competitive activities in order to participate in the club but grant permission for him/her to do so, and to participate in all club activities and learning opportunities despite the possible risks.

I recognize that by participating in this activity, as with any physical activity, my child may risk potential injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity and that I assume any expenses that may be incurred in the event of a loss, an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

I hereby grant permission to the Carter County Cooperative Extension Service (including staff and volunteers) to provide transportation for the above 4-H member to attend 4-H sponsored activities. No to Transportation Permission
Check box above if transportation permission is denied.

4-H Member's Signature Date

Parent/Guardian's Signature Date

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LEXINGTON, KY 40546

Liability Shield 8/19



Disabilities accommodated with prior notification.

Name _____

My parent would be interested in helping with 4-H.
Parent Name _____

Have you been in 4-H before? _____ Yes _____ No

4-H Projects

--Please check **one** project to complete this year.

*Livestock club members should check all the animals they plan to show at the County Fair.

*Permission from the 4-H leader or 4-H agent is required to complete more than one project.

--The first project book is free. Replacement books cost \$4.50.

--Please make sure to discuss your project with your parent. Projects can not be changed after books have been received.

-- 4-H projects are designed so that the member builds upon what was learned previously. Therefore, if this is your first year in a project, Year 1 should be checked. For a list of project guidelines visit the 4-H website at <http://carter.ca.uky.edu/4-H%20Contest%20Information>.

-- * Denotes a project that can be taken to the state fair, if the county class is won.

Clover Bud Members
(Ages 5-8) Only
Clover Buds may only choose from the following projects:

- _____ Aerospace
- _____ Cooking
- _____ Crafts
- _____ Gardening
- _____ Goat
- _____ Insects
- _____ Lamb
- _____ Pets
- _____ Poultry
- _____ Rabbit
- _____ Sewing
- _____ Woodworking

Aerospace

_____ Year 1
_____ Year 2
_____ Year 3

*Arts

_____ Painting
_____ Printing
_____ Graphic Design
_____ Drawing
_____ Fiber Arts
_____ Sculpting
_____ Heritage Crafts

Babysitting

Beekeeping

_____ Year 1
_____ Year 2
_____ Year 3

*Beef

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4 or More

Bicycle Safety

Career Exploration

_____ Elementary Level
_____ Middle Level
_____ High Level

Cat

_____ Year 1
_____ Year 2
_____ Year 3

Citizenship

_____ Me, My Family, & My Friends
_____ My Neighborhood
_____ My Clubs & Groups
_____ My Community
_____ My Heritage
_____ My Government
_____ My World

*Cooking

_____ Year 1 (Star Chef)
_____ Year 2 (Six Easy Bites)
_____ Year 3 (Tasty Tidbits)
_____ Year 4 (You're the Chef)
_____ Year 5 (Foodworks)
_____ Year 6 (Outdoor Meals)
_____ Year 7 (Teens Entertain)
_____ Year 8 (International)
_____ Year 9 (Kneads Dough)

*Crochet

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Dogs

_____ Year 1
_____ Year 2
_____ Year 3

*Electricity

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Embroidery

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Entomology (Insect Collecting)

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4
_____ Year 5

Exploring 4-H

_____ 4th Grade Only

Fashion Magic

_____ Year 1
_____ Year 2
_____ Year 3

Fishing

_____ Year 1
_____ Year 2
_____ Year 3

*Forestry (Leaf Collections)

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Geology (Rock Collections)

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4
_____ Year 5

*Goat

_____ Year 1 (Not including Cloverbud years)
_____ Year 2
_____ Year 3
_____ Year 4 or More

Health

_____ Get Moving KY
_____ First Aid

*Home Environment

_____ Year 1 (Exploring Your Home)
_____ Year 2 (Living with Others)
_____ Year 3 (Where I Live)
_____ Year 4 (In My Home)

*Horse

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Horticulture (Gardening)

_____ Environmental & Experimental Horticulture
_____ Vegetable Gardening
_____ Terrariums
_____ Dish Gardens
_____ Windowsill Garden
_____ House Plants & Hanging Baskets
_____ Starting Seeds
_____ Spring Bulbs
_____ Herb Container Garden

*Knitting

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Lacework/Tatting

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Lamb

_____ Year 1 (Not including Cloverbud years)
_____ Year 2
_____ Year 3
_____ Year 4 or More

Natural Resources

_____ Year 1
_____ Year 2
_____ Year 3

Needlepoint

_____ Year 1
_____ Year 2
_____ Year 3

Pets

_____ Year 1
_____ Year 2
_____ Year 3

*Photography

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4
_____ Year 5
_____ Year 6

Poultry

_____ Year 1 (Not including Cloverbud years)
_____ Year 2
_____ Year 3
_____ Year 4 or More

*Quilting

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Rabbit

_____ Year 1 (Not including Cloverbud years)
_____ Year 2
_____ Year 3
_____ Year 4 or More

*Sewing

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4
_____ Year 5
_____ Year 6
_____ Year 7
_____ Year 8
_____ Year 9

Small Engines

_____ Year 1
_____ Year 2
_____ Year 3

*Swine

_____ Year 1 (Not including Cloverbud years)
_____ Year 2
_____ Year 3
_____ Year 4 or More

Tractor

_____ Year 1
_____ Year 2

*Woodworking

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4
_____ Year 5 or More

4-H FORESTRY



4-H Forestry Field Day: Carter Caves State Park

October 20, 2022
9:30 am - 2:00 pm
(eastern time zone)

Carter Caves State Resort Park
344 Caveland Dr.
Olive Hill, KY 41164

Junior and Senior 4-Hers aged 9 to 18 are eligible to participate. In one day, the 4-Hers are taught and tested on the basics of tree identification, tree measurement, and the use of a compass and measuring distances by pacing.

- Cost is \$3 per participant (must register with your 4-H Agent)
- Bring a sack lunch
- Wear sturdy shoes such as tennis shoes
- Field Day will follow 4-H Multi-county COVID Guidelines at time of event

Contact your 4-H Agent or Laurie Thomas at laurie.thomas@uky.edu for more information



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Pumpkin Apple Muffins

1 ¼ cups all-purpose flour
1 ¼ cups whole-wheat flour
1 ¼ teaspoons baking soda
½ teaspoon salt
1 ½ teaspoons ground cinnamon

½ teaspoon ground ginger
½ teaspoon ground nutmeg
1 ¼ cups honey
2 large eggs

1 ½ cups fresh pureed pumpkin
½ cup canola oil
2 cups Granny Smith apples, finely chopped

Preheat oven to 325 degrees F. In a large bowl, **combine** flours, baking soda, salt and spices. In a small bowl, **combine** honey, eggs, pumpkin and oil; **stir** into dry ingredients just until moistened.

Fold in apples. **Fill** greased or paper lined muffin cups, two-thirds full. **Bake** for 25 to 30 minutes or until muffins test done. **Cool** for 10 minutes before removing from pan.

Note: Can substitute two cups granulated sugar for honey, decrease baking soda by ¼ teaspoon and increase oven temperature to 350 degrees F.

Yield: 18 muffins

Nutritional Analysis: 200 calories, 7 g fat, 0.5 g saturated fat, 35 mg cholesterol, 160 mg sodium, 35 g carbohydrate, 2 g fiber, 20 g sugar, 3 g protein



Buying Kentucky Proud is easy. Look for the label at your grocery store, farmers' market, or roadside stand.

Kentucky Winter Squash

SEASON: August through October.

NUTRITION FACTS: Winter squash, which includes acorn squash, butternut squash, pumpkin and other varieties, is low in fat and sodium and an excellent source of vitamin A and fiber.

SELECTION: Winter squash should be heavy for its size with a hard, tough rind, free of blemishes or soft spots.

STORAGE: Store winter squash in a cool, dry place and use within one month.

PREPARATION:

To Steam: Wash and remove seeds. Cut squash into 2-inch cubes or quarter, leaving rind on. The rind will remove easily after cooking. Bring 1 inch of water to a boil in a saucepan and place squash on a rack or basket in the pan. Do not immerse it in water. Cover the pan tightly and steam the squash 30-40 minutes or until tender.

To Microwave: Wash squash and cut it lengthwise. Place in a baking dish and cover with plastic wrap. Microwave until tender, using these guidelines:

- Acorn squash: ½ squash, 5-8 minutes; 1 squash, 8½-11½ minutes.
- Butternut squash: 2 pieces, 3-4½ minutes.
- Pumpkin: 1 pound piece, 7-8 minutes.

To Bake: Wash squash and cut lengthwise. Smaller squash can be cut in half; larger squash should be cut into portions. Remove seeds and place squash in a baking dish. Bake at 400 degrees F for 1 hour or until tender. Seeds can be toasted at 350 degrees F for 20 minutes.

KENTUCKY WINTER SQUASH

Kentucky Proud Project

County Extension Agents for Family and Consumer Sciences
University of Kentucky, Dietetics and Human
Nutrition students

September 2013

Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin. For more information, contact your county's Extension agent for Family and Consumer Sciences or visit www.uky.ag/fcs

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Source: www.fruitsandveggiesmatter.gov