

October 2024

CARTER COUNTY 4-H

4-H Monthly Newsletter to keep you informed



OCTOBER

2024

 @CarterCountyKY4H

 @cartercountyky4h

Club and Projects

Important Dates

County News

CLUB AND PROJECTS

Email rebecca.hayes@uky.edu

Homeschool Club:

The October Homeschool meeting will be participating in the Forestry Field Day event at Carter Caves. See flyer attached for information.

Cloverbuds:

First meeting will be October 21st at 4:30pm at the Extension Office!

Teen Leadership Academy:

Will start on October 29th at 4:30pm!
This will be for middle and high school students held at the Extension Office.

IMPORTANT DATES

School Clubs:

Prichard Cooking Club: October 8
Prichard STEAM Club: October 10
OHES Cooking Club: October 21
OHES STEAM Club: October 15

School Enrichment:

Tygart Creek 4th & 5th: October 10
Star 4th & 5th: October 22
Heritage 4th & 5th: October 30
Carter City 4th: October 28

4-H Projects

What is a 4-H Project? These are individual study curriculums. You complete a workbook and learn new skills. For example, if you choose drawing, you will complete the drawing workbook by practicing the skills, and then complete a picture. In the Spring, the projects will be turned in to be "judged". This allows for a skilled judge to review your work and help you improve upon your skills. There are many projects you can choose from. If you are interested in completing a project or two, please let Rebecca or the Extension Office know by November 12th!



Rebecca Hayes



Cooperative Extension Service

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



MARTIN GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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, physical or mental disability or receipt of retaliation for prior civil rights activity. Reasonable accommodation of disabilities may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties Cooperating. Lexington, KY 40506



Disabilities
accommodated
with prior notification

October 2024

No.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
40			Win With Wood 1	2	3	4	5
Carter Co. Fall Break							
41	6 National 4-H Week Oct. 6-12	7	8 Prichard Cooking Club	9	10 Tygart Creek Prichard STEAM Club	11	12
42	13	14	15 OHES STEAM Club	16	17	18	19
43	20 Cloverbuds	21 OHES Cooking Club	22 Forestry Field Day Star	23	24 Reality Store	25	26
44	27	28 Carter City	29 Teen Leadership Academy	30 Heritage	31		
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p>Cooperative Extension Service</p> <p>Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development</p> </div> <div style="width: 40%; text-align: center;"> <p>MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT</p> <p><small>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, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties Cooperating. Lexington, KY 40506</small></p> </div> <div style="width: 25%; text-align: right;">   <p><small>Disability is accommodated with prior notification</small></p> </div> </div>							



UK Martin-Gatton
College of Agriculture,
Food and Environment
University of Kentucky.



An equal opportunity organization

REALITY STORE VOLUNTEERS NEEDED

EAST CARTER MIDDLE SCHOOL

8:30AM

OCTOBER 24, 2024

REBECCA.HAYES@UKY.EDU



Scan to
register!



4-H Spotlight



State Teen Council

On September 13-15, Kentucky 4-H State Teen Council (STC) held their first meeting at Lake Cumberland 4-H Camp. During this meeting, members met with their committees, decided on a fundraiser and service project, and got to know each other. State Teen Council is made up of a group of youth leaders from all across Kentucky. The council meets 4 times during the year and works together to plan activities and events for the 4-H program. In order to become an STC member, youth must complete a detailed application stating why they want to be a part of the council, how 4-H has impacted their life, and how they plan to use their experience to benefit their 4-H community. I am so honored to be able to represent the east region and Carter County on this year's State Teen Council and can't wait to see what great things this amazing opportunity brings.

Southern Region Teen Leadership Conference



Both written by: Audrey Barker
Carter County 4-Her
East 7/East 8 STC Representative

On September 19-22, youth from all across the southern region attended the annual Southern Region Teen Leadership Conference (SRTLTC). This conference, held in Crossville, Tennessee, inspired youth to make a change and allowed them to connect with other 4-Hers across the south. Building these connections is important to development in youth and the 4-H program. Some activities youth were able to participate in were t-shirt swaps, educational workshops, dances, round table discussions, a "taste of the south", and southern showdowns.

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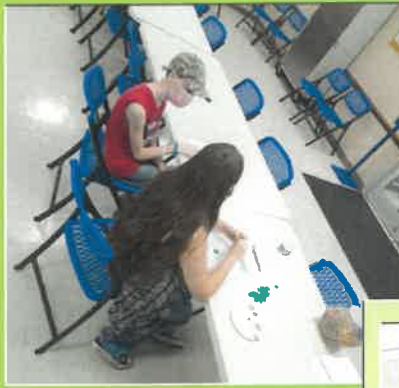


Disability
accommodated
with prior notification

4-H Happenings



S.R.T.L.C.



Homeschool Club

Prichard Elementary



Owl Pellet Dissection

Prichard Elementary

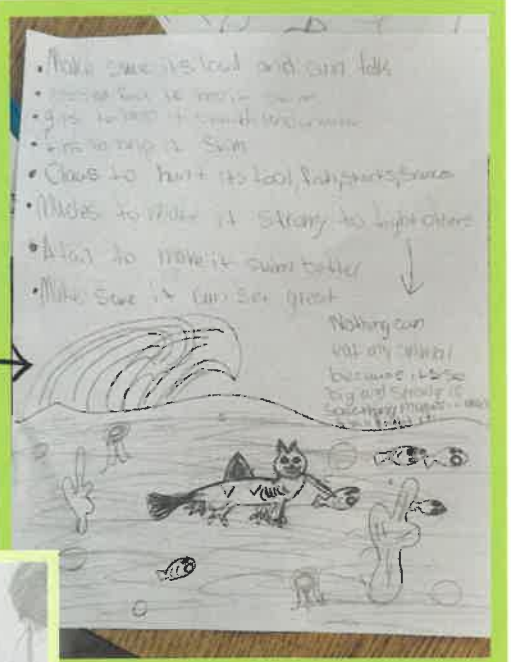


Owl Pellet Dissection

Heritage Elementary 4th grade- Straw Rockets



A cougar living in the ocean.



Heritage Elementary 5th grade Habitats and Adaptations

Shark living in the desert.



4-H Forestry



Field Day



Carter Caves State Resort Park

October 22, 2024 at 9:30am–2:00pm

Register by October 16

rebecca.hayes@uky.edu or 606-474-6686

Learn: **Tree Identification** - **Compass Reading** - **Tree Measurement**

**Cooperative
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University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Cattlemen's Cooperating
Lesson #1 40906



Disability is
no barrier
with peer modification.

Autumn Sweet Potato Chili

Servings: 8 Serving Size: 1 cup Recipe Cost: \$5.19 Cost per Serving: \$0.65



Ingredients:

- 1 (15 ounce) can sweet potatoes (do not drain)
- 1 tablespoon chili powder
- 1 (16 ounce) jar salsa
- 2 (15 ounce) cans black beans (do not drain)
- Water to achieve desired consistency
- ½ cup reduced-fat sour cream
- Shredded sharp cheddar cheese
- Dried or fresh chopped cilantro

Directions:

1. Combine sweet potatoes, chili powder and salsa in a large saucepan.
2. Bring to a boil, reduce heat to simmer, and cook until heated through, stirring as needed.
3. Add beans with liquid and cook another 3 minutes to blend flavors.
4. Thin with water if needed. Heat through. 5. Serve with sour cream, cheese and cilantro on the side.

Notes

Option: To reduce sodium, use vegetables canned without added salt.

Source: Jeffrey Hines, former Graphic Artist for Nutrition Education Program, University of Kentucky Cooperative Extension Service

Nutritional facts per serving: 160 calories; 0g total fat; 0g saturated fat; 0g trans fat; 0mg cholesterol; 790mg sodium; 32g carbohydrate; 9g fiber; 12g sugar; 7g protein; 0% Daily Value of vitamin D; 4% Daily Value of calcium; 10% Daily Value of iron; 6% Daily Value of potassium.

4-H Participant Information/Enrollment Form

Should this information change during the program year, it is the responsibility of the parent/guardian(s) to notify the Extension Personnel in writing.

I. Re-Enrollment

If re-enrolling, please complete section I. Re-Enrollment, then review sections II through IX and verify review by signing and dating.

Name:		School Name:		County:	
Grade:					

II. Family Information

This is the primary information we will use to communicate with your 4-H member.

Family Name:		Family Email:	
Family Phone:		Family Address:	

III. Member Information

First Name:		Last Name:	
Preferred Name (optional):		Birthdate:	
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	Residence:	<input type="checkbox"/> Farm <input type="checkbox"/> Town <10,000 or Rural Non-Farm <input type="checkbox"/> Town/City/Suburb 10,000-50,000 <input type="checkbox"/> City/Suburb >50,000 <input type="checkbox"/> City-Central >50,000
Hispanic/Latino:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race:	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not Listed:

IV. Parent/Guardian 1 Information

Last Name:		First Name:	
Phone:		May we release personal information to this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Parent/Guardian 2 Information

Last Name:		First Name:	
Phone:		May we release personal information to this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VI. Other Emergency Contact

Name:		Relationship:	
Phone:		May we release personal information to this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VII. Pick Up Information

In addition to the parent/guardian(s) and emergency contacts listed, please list the names of up to two additional people authorized to pick up the above referenced child. These individuals will not be contacted in case of an emergency, the parent/guardian(s) or emergency contact information will only be used. If an individual who is not listed on this form is permitted to pick up your child/children, the parent/guardian(s) will need to provide written permission (letter or email) to Extension personnel or approved volunteer responsible for the event/activity.

Name of First Person:		Relationship to 4-H Member:	
Phone:			
Name of Second Person:		Relationship to 4-H Member:	
Phone:			

VIII. Military Service (if none, skip this section)

Relationship to Member serving:		Branch of service	
Service Status:	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Other:		



IX. 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 allow Extension personnel and approved volunteers to best support your young person and will be kept confidential.

Allergies

1.Serious Allergy to Insects	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.Serious Allergy to Dairy	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.Serious Allergy to Gluten	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.Serious Allergy to Nuts	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.Other Allergy(Please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any "yes" responses, including medications for any allergies:

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

Acetaminophen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antacid:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antihistamine Pill:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decongestant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dramamine:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrocortisone Cream:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ibuprofen (Advil)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Polysporin (topical antibiotic)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Conditions

1.Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	6.Fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	11.Wear Glasses/Contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.Bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	7.Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain any "yes" responses, including medications taken for any conditions:	
3.Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	8.Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	9.Hypoglycemia	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.Ear Infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	10.Other Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please explain any restrictions (dietary, physical, etc)

Social, emotional, and/or behavioral health information:

X. REVIEW CONFIRMATION SIGNATURE

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.

PARENT/GUARDIAN: _____ DATE: _____

XI. SURVEY & EVALUATION RELEASE

I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

Yes No I am willing to participate or give permission for my child to participate in any program evaluation. (Initials)

XII. PERMISSION TO PARTICIPATE

I acknowledge that my child is participating in 4-H programs for their own personal benefit and that my child will participate in recreational and other activities as part of 4-H programs. I understand that some activities may have inherent dangers and physical risks and that no amount of care, caution, instruction, or expertise can completely eliminate them. I assume responsibility for all risks, known and unknown, involving my child's participation in 4-H programs and I voluntarily authorize my child's participation in reliance upon my own judgment and knowledge of my child's experience and capabilities. I hereby agree to indemnify and hold harmless the University of Kentucky Cooperative Extension Service and all related parties from any liability, losses, costs, damages, claims or causes of action of any kind or nature arising from or related in any way to my child's participation in 4-H program. (Initials)

XII. 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

PARENT/GUARDIAN _____ NO, I DO NOT PERMIT

4-H Youth Development Code of Conduct Form

All 4-H members and family/friends/caretakers 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. Safety of all involved in 4-H programs is top priority, the following guidelines are designed to ensure all involved understand their role in participating in a safe and educational environment for all.

WHILE ENROLLED AS A 4-H MEMBER:

- To be a member in good standing it is expected that the 4-H participant attends planned sessions, workshops, field trips, and meetings associated with their enrollment. To be eligible for cumulative events in 4-H, members must complete at least six hours of education in the core program area they are participating in under the expectations laid out by the 4-H program.
- Dress codes will be specific to individual events/programs/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, with proper paperwork and accommodations made) are prohibited.
- Possession of firearms not for educational use is prohibited.
- Setting of 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.
- Physical violence is not tolerated.
- 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.
- Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex, or are in any other way distracting, are prohibited.
- Additional expectations may be required based on the activity/program/event the 4-H member is participating in.

WHILE ATTENDING OVERNIGHT 4-H EXPERIENCES THE FOLLOWING WILL ALSO APPLY:

- All participants must follow the agenda and expectations that are set forth by the program planners. Chaperones/adult volunteers will actively monitor all participants.
- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event. Chaperones/adult volunteers will actively monitor all participants.
- No member or volunteer may leave the event/activity/program without the permission of the event planner or adult in charge. An adult shall accompany a 4-H member at any time they leave the grounds. Adults shall notify another adult before leaving the grounds.
- At overnight events, only conference participants may be in sleeping areas. Individuals may only be in their assigned sleeping area. Lounges or common areas may be used only for working committees and social activities.

Any violations of this Code of Conduct shall be reported promptly to the chaperone for the individual 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-Hers and family/friends/caretakers 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 their own expense.
- Barred from participation from future 4-H events.
- 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: _____ County: _____

Parent/Guardian: _____ Date: _____

