

November 2024

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

Homeschool Club:

The next meeting will be November 26th at 10:00 am at the *Extension Office*. We will be talking about needs vs wants and making piggy banks!

Cloverbuds:

The next meeting will be November 11th at 4:30pm at the *Extension Office!*

Teen Leadership Academy:

The next meeting will be November 26th at 4:00pm! This will be for middle and high school students held at the *Olive Hill Library*.

4-H Projects:

If you are interested in completing a project or two, please let Rebecca or the Extension Office know by November 12th!

Projects will be due to the Extension Office on April 28th by 4:00 pm.

IMPORTANT DATES

School Clubs:

Prichard Cooking Club: November 12
Prichard STEAM Club: November 7
OHES Cooking Club: November 18
OHES STEAM Club: November 19

School Enrichment:

Tygart Creek 4th & 5th: November 6
Star 4th & 5th: November 20
Heritage 4th & 5th: November 20
Carter City 4th: November 21

Area Teen Retreat:

This is a lock in style retreat for middle and high school youth. It is January 30-31 at the Boyd County Fairgrounds. The cost is \$50 with more information coming soon.

Teen Summit:

This is a state wide leadership event for middle school aged youth. It is March 20-22 at Lake Cumberland 4-H Camp. More information coming soon.

Communications Contest:

The speech and demonstration contests will be on May 1st.



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 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, US Department of Agriculture, and Kentucky Counties Cooperating. Lexington, KY 40506



Disabilities
accommodated
with prior notification.

November 2024

No.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
44						1	2
45	3	4	5 Office Closed	6 Tygart Creek	7 Prichard STEAM Club	8 Achievement Applications Due	9
46	10	11 Cloverbuds	12 Prichard Cooking Club	13	14	15	16
47	17	18 OHES Cooking Club	19 OHES STEAM Club	20 Heritage Star	21 Carter City	22	23
48	24	25	26 Homeschool Club Teen Leadership Academy	27	28 Office Closed	29 Office Closed	30
<div style="display: flex; justify-content: space-between;"> <div data-bbox="219 1747 449 1810"> <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 data-bbox="501 1743 1385 1770"> <p>MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT</p> </div> <div data-bbox="501 1776 1162 1898"> <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 data-bbox="1172 1780 1268 1873">  </div> <div data-bbox="1292 1780 1427 1877">  <p><small>Disabilities accommodated with prior notification</small></p> </div> </div>							

4-H Happenings

Cloverbuds



Win with Wood



Forestry
Field
Day



KENTUCKY SAVES

2025 PIGGY BANK DESIGN CONTEST

MONEY SAVED IS A FUTURE EARNED



WHAT: The 2025 Piggy Bank Design Contest is a creative way for youth to learn the importance of saving money and reducing debt.

WHY: To creatively celebrate Kentucky Saves Week.

WHO: School students attending public, private, or home school located within the Commonwealth of Kentucky enrolled in kindergarten through twelfth grade.

WHEN: The contest begins on: **November 1, 2024**
and ends on: **December 20, 2024**

HOW: Participants submit an original piggy bank and entry form.

RECOGNITION: Winners will have their names, grades, counties, and winning piggy banks displayed in the Capitol Rotunda in Frankfort, Kentucky during March and April 2025. Winners also will receive a certificate.

Kentucky Saves Week:
April 7-11, 2025

Kentucky Saves:
www.kentuckysaves.org

MoneyWi\$e:
fcs-hes.ca.uky.edu/moneywise

Carter County
Cooperative Extension Office
94 Fairground Drive
Grayson, KY
41143
(606) 474-6686

KENTUCKY SAVES

2025 PIGGY BANK DESIGN CONTEST

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MONEYWi\$E
VALUING PEOPLE. VALUING MONEY.

UK Cooperative
Extension Service

2025 Piggy Bank Design Contest Official Rules

ADMINISTRATOR: University of Kentucky, Family and Consumer Sciences Extension, c/o Kelly May, 112 Erikson Hall, Lexington, KY 40506. Email: k.may@uky.edu

CONTEST DESCRIPTION: Kentucky youth are asked to celebrate Kentucky Saves Week by using their creativity to make a piggy bank.

ELIGIBILITY: Contest is open only to school students attending public, private, or home school located within the Commonwealth of Kentucky enrolled in kindergarten through twelfth grade.

HOW TO ENTER: To enter the Contest, eligible youth ("Entrants") must:

1. Create an original piggy bank design as described under Contest Timing and Entry Requirements.
2. Submit Entry and Official Entry Form to Your Local County Cooperative Extension Office. Your County Extension Office Contact Information may be obtained at <http://extension.ca.uky.edu/county>. Entries must be delivered to the Cooperative Extension Office by: **December 20, 2024**
3. Winning Entries at the area level must be selected by February 7, 2025.

CONTEST TIMING:

Submit Entry by deadline. Must be submitted by: **December 20, 2024** to your local county extension office. Each Entry must be accompanied by an official Entry Form.

One (1) Entry per person during the Contest period. In the event more than one (1) Entry is received from any one person, the first Entry processed will be considered the only valid Entry and subsequent Entries from the same person will be disqualified.

ENTRY REQUIREMENTS: Entries must meet the following requirements to be eligible for judging:

- a. The bank cannot exceed 12 inches X 12 inches X 12 inches (1 square foot).
- b. Piggy banks must be able to hold coins (i.e., include a slot that has been cut to insert coins).
- c. Piggy banks must be created or decorated by the youth contestant.
- d. Plastic or ceramic banks piggy banks may be used, but must be personally decorated.

- e. Piggy banks DO NOT have to be in the shape of a pig.
- f. You MAY use or repurpose other containers.
- g. Piggy banks must be submitted and judged through the local Cooperative Extension Office.

In addition, an Entry shall be void if it contains any material that sponsors or judges in their sole discretion deem patently offensive or inappropriate, such as, but not limited to, profanity. By submitting an Entry, the parent/legal guardian of the Entrant represents and warrants that the entire Entry is the original work of the Entrant, not previously submitted or distributed elsewhere for any other purpose. The parent/legal guardian of the Entrant further warrants that he/she has obtained the consent of any persons/parties portrayed in the Entry. Sponsors shall have the right to use/showcase the Entry in any manner, in any and all media, worldwide in perpetuity without further compensation or consent. Upon request of Sponsors, the parent/legal guardian of Entrant will provide a copy of any written consent as required above.

JUDGING CRITERIA/WINNER SELECTION

AND VERIFICATION: Entries will be judged within Extension Areas by a panel of judges coordinated by the Area piggy bank delegate. Each panel of judges will select one (1) winning Entry for a possible total of 12 winners statewide — 4 per Extension Region. The judges will review all Entries and select the winners based on the following criteria: originality, creativity, artistic design, and attractiveness. Judging of Entries and the determination of the winners will be completed by:

December 20, 2024

The winner's name, grade, county, and winning Entry may be displayed at the State Capitol in Frankfort.

Any Entry, or portion of any Entry, which in the sole discretion of the judges (a) defames or infringes the right of privacy or publicity or other proprietary right of any person, living or deceased, or entity; and/or (b) is offensive, profane, obscene or not in keeping with the image of the Sponsors will be disqualified.

KENTUCKY SAVES



2025 Piggy Bank Design Contest Entry Form

Directions: Please complete entry form and submit with piggy bank entry. See Official Contest Rules for complete entry instructions.

Participant's Name: _____

County: _____ **Gender:** _____

Grade: _____ **School:** _____

Piggy Bank Name/Description: _____

Print Parent/Legal Guardian Name: _____

Signature: _____ **Date:** _____

Home Address: _____

City: _____ **County:** _____ **Zip:** _____

Email: _____

Parent Phone: _____

To be filled out by the Extension Agent accepting the entry:

County: _____ **Extension Area:** _____

Agent Name: _____ **Circle One:** FCS 4-H Other

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: _____



Savory Winter Pork Stew

Servings: 12 Serving Size: 1 cup Recipe Cost: \$19.19 Cost per Serving: \$1.60



Ingredients:

- 1 teaspoon salt
- 1/2 teaspoon black pepper
- 1 teaspoon granulated garlic
- 1/2 cup all-purpose flour
- 2 pounds boneless pork loin chops, 3/4-inch thick
- 2 tablespoons olive oil, divided
- 1 carton (32 ounces) low-sodium chicken broth
- 3 large carrots, sliced in 1/4-inch rounds
- 2 celery stalks, diced
- 1 medium onion, diced
- 3 medium potatoes, diced
- 1 can (10 ounces) diced tomatoes with green chilies

Directions:

1. Wash hands with warm water and soap, scrubbing for at least 20 seconds.
2. Wash fresh produce under cool running water, using a vegetable brush to scrub veggies with a firm surface. Dry and cut to prepare for this recipe.
3. In a plastic gallon bag, add salt, pepper, garlic, and flour. Set aside.
4. On a meat cutting surface, trim fat and cut pork loin chops into cubes using a serrated knife or kitchen shears.
5. Place pork pieces inside a gallon bag with flour and seasonings and seal. Shake bag until all pork pieces are dredged in flour.
6. Wash hands and surfaces after handling uncooked meat.
7. In a large nonstick skillet, heat 1 tablespoon of olive oil over medium heat. Brown half of the pork pieces in the skillet, flip over pieces until all sides are browned. Remove pork and place in a large soup pot. Add another 1 tablespoon of olive oil to the skillet and brown the remaining pork pieces; then add remaining pork to the soup pot. Note: An extra-large skillet can brown all the pork pieces at one time.
8. Add 3 cups of chicken broth, carrots, celery, and onion to the pork in the soup pot. Bring to a boil over high heat. Reduce heat to medium-low, stir occasionally to avoid ingredients sticking to the bottom of the pot. Cook 20 to 30 minutes, or until vegetables are tender.
9. Add the remaining chicken broth, potatoes, and diced tomatoes with chilies. Bring to a boil. Simmer on low heat for 10 to 15 minutes until potatoes are tender, but not mushy.
10. Refrigerate leftovers within 2 hours.

Source: Source: Stephanie Derifield, former Area Nutrition Agent; Ruth Ann Kirk, Lawrence County EFNEP Program Assistant Senior; and Danielle Fairchild, Lawrence County SNAP-Ed Program Assistant Senior, University of Kentucky Cooperative Extension Service

Nutrition facts per serving: 190 calories; 5g total fat; 1g saturated fat; 0g trans fat; 40mg cholesterol; 380mg sodium; 17g total carbohydrate; 2g dietary fiber; 3g total sugars; 0g added sugars; 21g protein; 0% Daily Value of vitamin D; 4% Daily Value of calcium; 6% Daily Value of iron; 10% Daily Value of potassium