

September 2024

# CARTER COUNTY 4-H

4-H Monthly Newsletter to keep you informed

**HAPPY**  
*New*  
**PROGRAM**  
**YEAR!**

 @CarterCountyKY4H

 @cartercountyky4h

Club and Projects

Important Dates

County News

## CLUB AND PROJECTS

Email [rebecca.hayes@uky.edu](mailto:rebecca.hayes@uky.edu)

### Homeschool Club:

Will start back on September 24 at 10:00am - 11:00am.

### Cloverbuds:

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

### Teen Leadership Academy:

Will start in October! This will be for middle and high school students.

## IMPORTANT DATES

### School Clubs:

Prichard Cooking Club: September 10  
Prichard STEAM Club: September 5  
OHES Cooking Club: September 16  
OHES STEAM Club: September 17

### School Enrichment:

Tygart Creek 4th & 5th: September 6  
Star 4th & 5th: September 6  
Heritage 4th & 5th: September 25  
Carter City 4th: September 5

### Farm and Family Field Day:

See the attached flyer for details!  
2 livestock hours available during this event.



## 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 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



Disabilities  
accommodated  
with prior notification.



Tuesday, September 17th

# FARM & FAMILY FIELD DAY 2024



Bring your favorite  
dessert to accompany the  
meal and to enter in the  
dessert contest.  
Categories are: Cakes, Pies,  
Cookies, KY Proud,  
Youth & Other



## Rayburn's Blessed Acres

897 Buckler Lane Olive Hill, KY 41164

*If you're coming from Grayson*, you will take the 2nd Olive Hill exit. Turn right onto Route 2 heading toward Carter City.

You will travel 4 miles, turning left onto Buckler Lane. It is the first left after Bethel Christian Church.

Once you are on Buckler Lane, you will travel approximately one mile to where we'll be set up.

*If you're coming from Carter City*, you will turn left at JF Lewis's, toward the old Carter City Elementary.

You will travel approximately 6 miles, and Buckler Lane is on your right. If you get to Bethel Christian church, you've gone too far.

Once you are on Buckler Lane, you will travel approximately one mile to where we'll be set up.

**5:00PM**

**REGISTRATION BEGINS**

**BOOTHS OPEN**

**MEAL**

*Prepared by:*

Carter County FFA

**6:30PM**

**FARM TOUR BEGINS**

*After the Tour:*

**DOOR PRIZES**

*Farm Tour Topics:*

**Maximizing Hay Productivity**

Dr. Ray Smith, UK Extension Forage Specialist

**Small Ruminant Herd Health**

Dr. Phillip Prater, Retired MSU Veterinarian

**Available NRCS Practices & Programs**

Melodie Bush, Soil Conservationist &  
Ben Marcum, District Conservationist

**Watering Livestock**

Rebecca Konopka, Carter County Extension Agent  
for Agriculture & Natural Resources

**Cooperative  
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UK Forestry and Natural Resources - Extension presents...

# WIN WITH WOOD

## OCTOBER 1, 2024

Robinson Center for Appalachian Resource Sustainability  
Wood Utilization Center - Jackson, KY

9 a.m. - 2 p.m.

The Win With Wood project brings together youth, along with forest and wood industries owners/businessmen, Extension agents, leaders, and UK specialists in a collaborative project to introduce the youth of the region to forestry and wood industries.



**TO REGISTER OR  
FOR INFORMATION:**

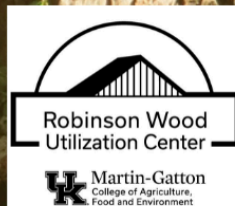
Jackie Allen

859-218-9276

jackie.allen1@UKY.EDU



**WIN-WITH-WOOD.CA.UKY.EDU**



# September 2024

No.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
36	1	2 <b>Office Closed</b>	3	4	5 Carter City  Prichard STEAM Club	6 Tygart Creek  Star	7
37	8	9	10 Prichard Cooking Club	11	12	13	14
38	15	16 OHES Cooking Club	17 OHES STEAM Club <b>Field Day</b>	18	19	20	21
<b>— S. R. T. L. C. —</b>							
39	22	23	24 Homeschool Club	25 Heritage	26	27	28
					<b>4th Grade Field Days</b>		
40	29	30					

**Cooperative Extension Service**

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4-H Youth Development  
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Disabilities accommodated with prior notification.

### 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.

<b>Name:</b>		<b>School Name:</b>		<b>County:</b>	
<b>Grade:</b>					

#### II. Family Information

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

<b>Family Name:</b>		<b>Family Email:</b>	
<b>Family Phone:</b>		<b>Family Address:</b>	

#### III. Member Information

<b>First Name:</b>		<b>Last Name:</b>	
<b>Preferred Name (optional):</b>		<b>Birthdate:</b>	
<b>Sex:</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>Residence:</b>	<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
<b>Hispanic/Latino:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race:</b>	<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

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

#### V. Parent/Guardian 2 Information

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

#### VI. Other Emergency Contact

<b>Name:</b>		<b>Relationship:</b>	
<b>Phone:</b>		<b>May we release personal information to this person?</b>	<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.

<b>Name of First Person:</b>		<b>Relationship to 4-H Member:</b>	
<b>Phone:</b>			
<b>Name of Second Person:</b>		<b>Relationship to 4-H Member:</b>	
<b>Phone:</b>			

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

<b>Relationship to Member serving:</b>		<b>Branch of service</b>	
<b>Service Status:</b>	<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: \_\_\_\_\_





# English Muffin Pizzas

Servings: 2 Serving Size: 1/2 english muffin or 1 mini pizza



## Ingredients:

- Whole-grain English muffins (1 per 2 children)
- Pizza sauce (1 tablespoon per child)
- Shredded mozzarella cheese (1 tablespoon per child)
- Variety of vegetables (2 tablespoons per child)

## Directions:

1. Give each child one half of a muffin, a tablespoon of pizza sauce and cheese, and 2 tablespoons of vegetables.
2. Allow them to make their own pizzas.
3. If an oven is available, toast the pizzas until the cheese melts (optional).

## Notes

- *Almost anything can go on pizza. Some people like pineapple. Let your imagination run wild!*
- *If an English muffin isn't available, a sandwich bun can be substituted.*

Source: LEAP...for Health: Nutrition Education Program, University of Kentucky Cooperative Extension Service.

**NUTRITION FACTS PER SERVING:** 100 calories; 2g fat; 1g saturated fat; 0g trans fat; 5mg cholesterol; 210mg sodium; 16g carbohydrate; 0g fiber; 2g sugar; 0g added sugar; 5g protein; 0% Daily Value of vitamin D; 8% Daily Value of calcium; 6% Daily Value of Iron; 2% Daily Value of potassium.