When your toddler develops Type 1 diabetes

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Former NICU babies celebrate life

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Saved from ‘Sleeping Beauty syndrome’

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Getting back in step

School is in full swing again and life for kids and parents has fallen back into a natural rhythm.

As parents, nothing throws off our rhythm more than when a child is sick. It is even more daunting when answers to the illness and relief from symptoms are elusive. For example, Sarah began exhibiting bouts of excessive sleep and unexplained behavioral changes. Her mother’s quest for answers led her to Cohen Children’s Medical Center, where a specialist diagnosed and treated a rare neurological disorder.

Liam’s parents were surprised by their four-year-old’s diagnosis of Type 1 diabetes mellitus. Our special diabetes nursing and nutrition teams taught the family how to manage the condition. Now, Liam’s ability to advocate for his health and mentor other kids with Type 1 diabetes is a source of pride (page 10).

At 7 years old, Molly began treatment for acute lymphocytic leukemia. She is now a cancer-free young woman and working to reach kids with cancer in a unique way (page 14).

Maverick and Jacob were born prematurely, and subsequent medical conditions associated with extreme prematurity were hard on them and their families. Our experts helped them to cope and to thrive, and today the boys are flourishing preschoolers (page 8).

Children inspire parents and pediatricians to reach for the brass ring every day. Kids First is packed with stories of medical care that makes national news, such as recognition by U.S. News & World Report year after year. I hope you enjoy this issue and that it brings a smile to your face. That’s what we’re all about.

Charles Schleien, MD
Executive Director, Cohen Children’s Medical Center
Senior Vice President, Executive Director and Chair of Pediatrics, Northwell Health
Philip Lanzkowsky Professor of Pediatrics, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

For information about making a contribution to support Cohen Children’s Medical Center, please call (516) 321-6300 or visit bit.ly/strong4kids.
Make it a family movie night

At the theater...

Johnny English Strikes Again – Out October 26
Watch chaos ensue when undercover agent Johnny English is called out of retirement and placed on a mission to find a mastermind hacker.

Grinch – Out November 9
A new twist on a classic, the Grinch is back and plotting to steal Christmas from the Whos of Whoville.

Ralph Breaks the Internet – Out November 21
Ralph and Vanellope are off on a new adventure when they discover a WiFi router in their arcade.

Community health and safety programs

Impact Teen Driving
This free safe-driving curriculum promotes awareness and education about distracted driving to teenagers, their parents and community members. The nationally recognized program works to reduce teen injuries and deaths that result from distracted driving and poor decision-making. Teen drivers experience the dangers of texting and driving with virtual driving simulators, gifted from the Kiwanis Pediatric Trauma Center Foundation. Learn more about this program by calling (718) 470-7178.

Ready, Set, Shop and Grow
Children in Queens, Nassau and Western Suffolk elementary schools learn to identify the five food groups, locate them in grocery stores and understand food labels. The Kohl’s Cares Keeping Kids Healthy Program sponsors this free nutrition program, which is available to schools, libraries and established community groups. Email aschepers@northwell.edu for program availability.

Babysitting training
Youngsters from 11 to 16 years old can develop the skills they need to become responsible babysitters in these classes. Cohen Children’s pediatric nurses provide instruction on infant care, safety tips, handling emergencies, age-appropriate toys and basic child development. Four-hour classes are available one Saturday per month from 10 a.m. to 2 p.m. Visit bit.ly/kidwatcher-nhp to register for a class at Cohen Children’s Medical Center in New Hyde Park. For the Pediatric Specialty Care Center at Smithtown, visit bit.ly/kidwatcher-st. Learn more by emailing CCMCCommunityOutreach@northwell.edu.

At home...

Make a typical night more memorable by building a fort as a family! This is a fun-filled activity you can do together with the help of some pillows and blankets. Once you’re all set up, you and your child can enjoy your very own home theater or library. Snuggle up inside your fortress with a good book or a movie streamed on a laptop, and there’s no telling where your imaginations might take you.

Here are some tips to making a world-class fort:

- Use chairs or the back of the couch to build a solid frame
- Create a roof out of lightweight sheets to prevent it from caving in and keep it cool inside
- Secure your walls with clothes pins, safety pins or rubber bands
- Collect plenty of pillows to place inside for added coziness

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Getting enough sleep is important for good health. Yet uncontrolled, excessive sleep (hypersomnia) interferes with everyday living. For example, a Lynbrook teen has lost about 700 days of her life to hypersomnia since 2013, according to her mother.

Getting to the root of the problem was Sarah Hastings’ first hurdle – a big one. No one knew what was wrong when her troublesome symptoms began. “She started sleeping a little more, eating a little more,” said Amy Hastings, her mother. “She was dizzy, getting headaches.”

Those early episodes worried Sarah, then 10, her older brother, Maxwell, and her mother. “I would try to wake her up for school and she would be unable to speak,” said Ms. Hastings.

The mystery deepened as the symptoms persisted. During some of her most extreme experiences, Sarah would be awake for only 30 minutes out of 24 hours. Episodes could last a few weeks. When they subsided, she couldn’t remember any of it.

The quest for a diagnosis was long and often frustrating. Sarah once went to an emergency department yet received no clear answers after three days of tests. She returned to normal, then symptoms came back nearly a month later.

**Hope awakens**

“I met with an infectious disease doctor, an endocrinologist, a psychologist, a psychiatrist, a neurologist, a pediatrician. I really wanted everyone to look at her and rule out everything,” said Ms. Hastings. Some clinicians chalked up Sarah’s symptoms to behavioral health issues, but her mother was sure they were wrong.
In January 2014, Shefali Nakul Karkare, MD, Sarah’s pediatric neurologist at Cohen Children’s Medical Center, referred the Hastings to her mentor, Sanjeev Kothare, MD, director of pediatric neurology at the hospital.

With new blood work and a sleep study test, Dr. Kothare diagnosed Sarah with Kleine-Levin syndrome (KLS), a rare neurological disorder. The Hastings were grateful to get a conclusive answer — and that they met Dr. Kothare, the East Coast’s leading specialist on neurologic sleep disorders.

The primary hallmark of KLS is repeated periods of hypersomnia — sometimes more than 12 hours a day for weeks — with increased appetite, irritability, disorientation and amnesia. Its cause is unclear, and there is no standard treatment.

KLS occurs in one or two people in a million — usually adolescent boys. Since Sarah’s a tween, she’s even more exceptional.

Dr. Kothare prescribed lamotrigine, which is often used to treat bipolar disorder and epilepsy. Because Sarah is a girl, he prescribed this medication rather than the usual ones used for KLS — valproate or lithium. “Valproate can affect girls’ ovaries, and there can be the serious side effects of lithium,” he said.

The KLS episodes haven’t stopped altogether, but the medication has helped to shorten and regulate them so Sarah’s life is more manageable.

“Ms. Hastings, adding that her daughter’s behavior regresses to that of a toddler’s during a bout of KLS. “But at least now, with this medication, I can take her to a school meeting.”

Sarah experiences fewer episodes now, Dr. Kothare said. “She used to have attacks about every 21 days for a few weeks. Now it’s about every two months for about 10 days,” he added.

“When we see Sarah in the clinic, she acts so normal, even during an attack. But later, she doesn’t remember anything.”

**Facing future**

For Sarah, KLS means “Keep Living Strong.” She focuses on catching up with schoolwork as much as possible while she feels well. She works hard, and often sees a tutor after a full day of school.

Sarah monitors how she feels and sees Dr. Kothare regularly to manage her condition. Before an episode, she now experiences symptoms like dizziness or feeling under the weather, so she and her family know to prepare.

“Sarah told me that one person could hear her story and it could change things. You never know who could read her story and get a grant to work on a cure.”

Sarah fulfilled her quest for the right diagnosis and treatment at Cohen Children’s. She is living proof of the hospital’s high standards for pediatric neurology and neurosurgery.

**U.S. News & World Report** consistently ranks Cohen Children’s among the top facilities in these fields. Connect with our specialists at **(516) 465-5255**.
New law promotes autism screening starting at 18 months

Early intervention provides a lifetime of benefits.

Screening for autism spectrum disorder (ASD) when your child is 18 and 24 months old is now recommended as a part of routine pediatric exams, according to a new legislation in New York State.

“This new law emphasizes the importance of screening young children for autism and is in line with recommendations from the American Academy of Pediatrics,” said Nili Major, MD, developmental and behavioral pediatrician at Cohen Children’s Medical Center. “Early screening and diagnosis means your child can get treatment sooner. That delivers benefits while your child’s brain is rapidly developing.”

ASD is a developmental condition characterized by challenges in social interactions and communication abilities, as well as the presence of repetitive behaviors and intense interests. Though many parents may have early concerns about their child’s development, most kids aren’t diagnosed with ASD until after they’re 4 years old, Dr. Major added.

Screening for ASD in the pediatrician’s office is typically done using parent-completed questionnaires. If the screening test raises concern, further evaluation is necessary. Referral to an early intervention program is critical in order to begin any needed services as soon as possible.

Dr. Major clears up misunderstandings about ASD at bit.ly/5autism-facts.

Call (516) 802-6100 for an appointment with a Cohen Children’s specialist in developmental and behavioral pediatrics.

Children on the autism spectrum learn important skills from early intervention, such as how to communicate and interact with others more appropriately. Early intervention services may include special education instruction, behavioral therapy, speech therapy, occupational therapy, and physical therapy, depending on the child’s individual needs.

“Early intervention sets children up for real progress,” Dr. Major said. “The advantages can last a lifetime for them and their families.”
Former NICU babies

Born prematurely, Maverick Saatchi and Jacob Oquena required extended treatment in Cohen Children’s neonatal intensive care unit. The preschoolers recently visited the hospital that took them through newborn crises to hopeful childhoods.

By Chris Gasiewski

Nothing prepares you for having children, especially when your newborn is whisked away to the Neonatal Intensive Care Unit (NICU). Suddenly, fear and uncertainty overshadow what would normally be a joyous time.

The families of Maverick Saatchi and Jacob Oquena are intimate with NICU life. The boys are stable now, but went through a lot to get where they are. They were born prematurely in 2014 and endured multiple surgeries and extended stays at Cohen Children’s Medical Center.

The families recently returned to Cohen Children’s to celebrate the 35th anniversary of the hospital’s NICU and to share their stories.

‘This hospital is our home’

Maverick was born at 31 weeks with tracheoesophageal fistula (an abnormal connection between the esophagus and trachea).

Maverick was 24 hours old when he underwent the first of 10 surgeries he’s had. After nine weeks in the NICU, he was discharged to his Merrick home on April 29, 2014.

His relationship with Cohen Children’s has continued through 15 hospitalizations to address effects of his birth condition. For example, he suffered from staphylococcal scalded skin syndrome (SSSS) in early 2017. SSSS causes red blistering that makes the skin look burned or scalded.

“He looked like he was burned from the tip of his head to his toes,” said his mother, Morgan Saatchi. “He came to Cohen Children’s through the ED [Emergency Department] and they knew exactly what it was. We stayed 10 days. He’s old enough to know what’s going on. Every time we were here, the doctors and nurses always made him number one.

“This hospital is our home. We are lucky that it’s here. Through all of this, Maverick has a smile on his face when he walks through the doors.”

The preschooler has had hernia operations and two esophageal dilations (stretching of his esophagus), including one about a month before the NICU anniversary party. Feeding is difficult for now, and Maverick regularly receives occupational, physical and speech therapy.

Yet the Saatchi family radiates optimism — nick-naming his surgery scars “shark bites,” for example. His esophagus should lengthen as he grows, and doctors say the 4-year-old’s outlook is very promising.

Maverick is inspired to become a doctor when he grows up.

“It’s taken us a long time to get to a happy and healthy boy,” said Ms. Saatchi. “Being here, it became normal. They didn’t make us feel out of place at all.

“Having a child born without an esophagus — and other stuff you don’t expect being a first-time mom — they never said, ‘We don’t see this.’ Instead, they reassured us that everything is going to be OK.”
Progress with severe chronic lung disease

Jacob Oquendo’s first 11 months were an emotional roller coaster for his parents, Tiffany Collado and John Oquendo. He was ready for a discharge from Cohen Children’s to his Selden home many times, but then a new issue would extend his stay.

Born at 30 weeks and weighing 3 pounds, 4 ounces, Jacob was transferred to Cohen Children’s at one month old. Now four years old, he lives with severe chronic lung disease. He has had six surgeries, five blood transfusions, four rounds of high-dose steroids, a tracheostomy with ventilator support and a surgically placed feeding tube (G-tube).

Ms. Collado never imagined her newborn’s struggles while she was pregnant. She said her pregnancy was normal until her water suddenly broke. “I got rushed to the hospital,” she said. “When he first came out, he was completely blue. They took him away and I didn’t see him for 72 hours.

“They didn’t think he was going to make it to the next morning and told me to get ready and sign the releases for DNR [do not resuscitate].”

Ms. Collado declined to sign the forms, believing Jacob would rebound. Steroid injections — a common treatment for premature babies — helped his lung function and the turnaround began once he arrived at Cohen Children’s.

Jacob’s first year was a blur for his family. Ms. Collado rarely left Jacob’s bedside and she stayed at the Ronald McDonald House near the hospital. Jacob was sick, but care from a team of pediatric specialists was “a different experience,” Ms. Collado said. Still, healing came in fits and starts, so Jacob’s hospital discharge was elusive. He seemed ready several times, but setbacks were frequent.

Once, Jacob’s big day was delayed when the Cohen Children’s team determined he was suffering from hydrocephalus — water surrounding the brain. A pediatric neurosurgeon immediately inserted a shunt to drain the fluid that was putting pressure on Jacob’s brain.

“All was good and he was getting better,” Ms. Collado said. “Right before we were leaving, he got meningitis.”

High carbon dioxide levels also held him back yet again.

“We were literally here for 12 months,” Ms. Collado said. “We left right after Christmas — December 29 in 2014. When I tell the story, I don’t remember living it.”

Jacob still receives nutrition from a G tube and uses a machine with nose tubes to deliver oxygen at night. A full-time nurse goes with him to school. Ms. Collado said the hope is Jacob will only have to deal with asthma by the age of 7.

Ms. Collado and her family are happy that Jacob is starting to thrive. Cohen Children’s team of specialists made this progress possible.

“This was one of the scariest times of our lives. Every month was a new challenge. There were many hopeless nights that our wonderful family here at Cohen Children’s got us through.”
At 4 ½ years old, Liam Dubno has a cell phone, plans some of his own meals and helps with family food shopping. It’s all part of his life with Type 1 diabetes.

Liam seemed like a typical toddler last year. He was adjusting well to being the big brother to his new baby sister. His mother, Gloriamarie Tyrrell-Dubno, noticed one day that he was going to the bathroom more than usual. That night, she found him asleep in the family’s Merrick home, holding the water bottles she and her husband, Peter, kept by their bed. Liam had finished the water in both bottles.

“I thought, ‘This doesn’t seem right.’ But I didn’t think it was anything serious,” Ms. Tyrrell-Dubno said.

She thought she was just being cautious by taking Liam to the doctor, but Ms. Tyrrell-Dubno made the right call. The pediatrician performed a blood test and found that Liam’s blood sugar was about four times higher than normal.

When your toddler develops Type 1 diabetes

Liam’s only 4, but is already setting an example for other children.

‘Go to the Emergency Department right now’

“He sat me down and said, ‘Listen, Liam has diabetes,’” said Ms. Tyrrell-Dubno. “‘You have to go to the Emergency Department [ED] at Cohen Children’s Medical Center right now.’”

Phyllis Speiser, MD, chief of pediatric endocrinology, met them at the ED. “Liam was very dehydrated when he was admitted, and his blood glucose

Tools for freedom

Liam’s continuous glucose monitor (CGM) is a tiny implant that checks glucose levels every few minutes and sends the results to him and his mother via a mobile app. An insulin pump is a wearable device. A wireless controller signals the device to release insulin into the body whenever Liam needs it.

The CGM and insulin pump give kids with Type 1 diabetes the kind of freedom they couldn’t enjoy with tools of the past, according to Dr. Speiser.

“Children don’t want to have their fingers stuck for blood tests multiple times a day. They prefer not to pull out a pen device or syringe to inject insulin. And they don’t eat regular meals the way adults do,” she said. “It’s harder to control children’s blood glucose the traditional ways, and it’s more limiting for them. Continuous glucose monitoring and an insulin pump give children like Liam much more flexibility and normalcy.”

The tools “give us so much more control over Liam’s sugars than just testing him before meals,” said Ms. Dubno. “We know in an instant if he’s too high to too low, and can get him insulin or food to correct his levels.”
was very high,” she said. “Our job was to get him stabilized and educate his parents quickly about Type 1 diabetes and how to care for him.”

The Dubnos learned how to check Liam’s blood sugar and give him insulin and what to feed him to keep his blood sugar stable. The family also started building long-term relationships with Dr. Speiser and Cohen Children’s special diabetes nursing and nutrition teams.

“They really held our hands through the beginning, when we needed someone to care for us,” said Ms. Tyrrell-Dubno. “When we went home, we were nervous but felt really supported.”

Soon after the diagnosis, the Dubnos and Dr. Speiser decided that a continuous glucose monitor and insulin pump would be best for Liam, rather than finger-stick blood tests and insulin injections. The little boy thrives in the freedom that this technology allows. (See “Tools for freedom” on page 11.)

Liam is like other children his age — going to school, playing with friends. He is also unique in unexpected ways.

“The first day of summer camp, he got on the bus and introduced himself to the driver,” Ms. Tyrrell-Dubno said. It was the first time he would ride the bus by himself. “He said, ‘My name is Liam and I’m diabetic. I have a cell phone because it connects to my glucose monitor and tells me if I’m low. I have gummy bears to eat if I need sugar, so please don’t take them away from me.’

“We didn’t tell him to do that. He’s just learned to self-advocate.”

Liam has already learned to make healthy choices, too. “He’ll tell me, ‘Mommy, this cookie doesn’t taste good enough to deal with the carbs. I don’t need it,’” his mother said.

**Community connections**

When Liam’s diagnosis was new, “I wished that we had someone local who knew first-hand what we were going through, but we didn’t,” Ms. Tyrrell-Dubno said. She stays current with clinical trials and research, and participates in online communities for parents to trade coping strategies and tips to help their children with Type 1 diabetes.

The Dubnos also connect locally to help parents with newly diagnosed kids. For example, they recently hosted a family to assist with their daughter’s new glucose monitor.

While the adults talked through technical details, Liam jumped in to help, too.

“He was trying to train the little girl, that it just hurts a little bit and when you’re done, your mommy will tell you it’s all done and then you get a little prize,” Ms. Tyrrell-Dubno said. “He was just really trying to ease her into it. We are really proud of him.

“I wish he didn’t have diabetes. I wish I could change it,” she added. “But he’s learning to manage. And he’s constantly amazing us.”
The team of endocrinologists at Cohen Children’s ensured Liam and his parents had the tools they needed to manage his Type 1 diabetes. They exemplify the level of care you can always expect for your children.

*U.S. News & World Report* has once again ranked the hospital among the top facilities for pediatric endocrinology. Connect with our specialists at (516) 472-3750.

Get savvy about diabetes
Let’s clear up some misunderstandings.

Diabetes has many forms. Generally, it’s a chronic condition that affects how the pancreas works. Type 1 diabetes is very different from Type 2. Type 1 is an autoimmune disease that occurs when your pancreas stops producing insulin, the hormone that controls levels of blood sugar. Warning signs often appear suddenly, according to JDRF, a nonprofit organization that provides research, advocacy and funding for Type 1 diabetes, and there’s no way to prevent the disease. Type 1 used to be called juvenile diabetes, but that name was misleading because it affects adults too.

Type 2 develops very gradually and is unusual in children. When you have Type 2, your pancreas doesn’t produce enough insulin or cells that can use insulin properly. Family history, genetics and lifestyle all play a part in developing Type 2 diabetes. Carrying too much weight and consuming a lot of sweets are risk factors, but they don’t guarantee it.

The differences between Type 1 and Type 2 diabetes

**Type 1:**
- Often diagnosed in childhood, affects all ages*
- Not associated with excess body weight
- Often associated with higher-than-normal ketone levels at diagnosis
- Treated with insulin injections or insulin pump
- Must be controlled with insulin for a lifetime

**Type 2:**
- Usually diagnosed in adults over 30
- Often associated with excess body weight
- Often associated with high blood pressure and/or high cholesterol levels at diagnosis
- Initial treatment doesn’t usually include medication
- Sometimes possible to stop taking medication
When you’re a child with cancer, you’re too young to process serious illness and recovery. Molly Prep, a survivor of childhood acute lymphoblastic leukemia (ALL) knows this first-hand.

The 23-year-old’s treatment experience inspired her to earn a degree in psychology with a focus on child and adolescent mental health from New York University. She spent the summer serving as a nanny to children in her neighborhood.

“Mental health and working with children are my two main passions,” said Ms. Prep. She also loves to write, and is working on a memoir of her cancer treatment.

While she received inpatient cancer care at Cohen Children’s Medical Center, Ms. Prep’s roommate was Danielle Cassar, who was receiving kidney cancer treatment (see sidebar). The two

Watch Molly share her story of survival at bit.ly/molly-memoir.
formed a strong bond that still holds them together.

“Danielle is very active in advocacy,” said Ms. Prep. “She participates in survivor day and she’s always been open about her diagnosis, whereas I had the exact opposite reaction. It took me a long time to be able to talk about my time in the hospital.”

The toll of childhood cancer

Diagnosed at 7 and finished with treatment at 10, Ms. Prep spent a significant portion of her young life dealing with ALL.

Intensive chemotherapy to kill active cells, interim therapy to catch any further cells, maintenance therapy, being unable to attend school or play with friends — these experiences weren’t within her intellectual or emotional wheelhouse.

Ms. Prep is grateful to be cured: “Among the childhood cancers to get, ALL is particularly treatable,” she said. “I was cancer-free within about a month, and everything after that was preventative.” Yet the experience took a toll. “It wasn’t until I was older and heard stories about other people’s childhoods that I realized how different my experience was.”

Finally, as a young adult, Ms. Prep began meeting with other childhood cancer survivors — and becoming more vocal. “It’s been fascinating to make those connections with other young adults. Most of the time when I speak to them, they say something along the same lines of not feeling like they had anyone to talk to about it.”

Ms. Prep began writing her book in her freshman year of college in November — National Novel Writing Month. “I used the 30 days to write everything down I hadn’t addressed in so long,” said Ms. Prep.

Facing the future, together

Ms. Prep made a friend during treatment: Danielle Cassar. Laughing, playing and even decorating their hospital room together, they forged a lasting bond.

“I don’t know if roommates could be officially requested, but when the doctors and nurses saw the difference we made to each other, they made it happen,” said Ms. Prep.

Yet young people in cancer treatment often feel isolated from peers. StupidCancer.org fosters connections with events, local meet-ups, one-on-one peer support, podcasts and an app.

Unique health challenges can come in adulthood, so Cohen Children’s offers Survivors Facing Forward. The program provides personalized health maintenance plans to childhood cancer survivors who received chemotherapy, completed treatment at least three years ago and are now cancer-free. Find out more at bit.ly/survivors-forward.

She hopes writing about her experience can make a difference for other children. “I want to show that I did come out of the other side of it, but that it wasn’t so simple.”

This fall, Ms. Prep returned to NYU as a teacher’s assistant.

To learn more about the exceptional pediatric hematology/oncology care offered at Cohen Children’s, call (718) 470-3460.
Physical activity is vital for children’s growth and development, yet kids are sometimes less active in the autumn and winter, according to one Cambridge University study. Between sitting for hours at school and dropping temperatures, kids often have fewer opportunities to run around. But you can help your children stay active and nurture their imaginations with this leaf creature craft. They decide what animal to make — whether it’s real or imaginary. Searching for the craft materials will get them outdoors.

Running wild with **leaf creatures**

Keep your kids active with festive arts and crafts.

1. Encourage your children to collect leaves of many different shapes and colors. Make sure that the leaves still have some moisture and flexibility so they won’t fall apart.

2. Help your kids determine which leaf to use for each part of the animal. Some will be the head and body and others will make legs, tail, ears or even wings.

3. Encourage them to draw a basic outline on paper of which leaves will go where. Then they can glue the leaves in place.

The finished projects can make a fall window display or a gift for grandparents.

**You will need:**
- Colorful autumn leaves
- Small sticks (optional)
- Acorns (optional)
- Construction paper
- Glue
- Markers
- Scissors
- Googly eyes (optional)

A rapid drop in outdoor temperature can mess with the body’s ability to stop cold viruses from multiplying, according to a recent Yale University study. That’s why kids get the common cold more frequently in the fall and winter.

Remind kids to wash their hands regularly and make sure they’re properly bundled up to go play outdoors.

For more helpful tips for active children, visit [KohlsHealthyKidsNY.com](http://KohlsHealthyKidsNY.com)