St. Ann Center for Intergenerational Care
St. Francis, WI

Theme
The presence of plants and children.

What this case study shows:
• The challenges associated with developing the first generation of a new idea, in this case, intergenerational care.
• Creative new ways to broaden the appeal of an adult day care.

Place Profile

Director
Sister Edna Lonergan

Building size
Approximately 43,000 square feet. Space exclusive to elderly adult day center (program space, care areas and administrative offices): approximately 6,500 square feet.

Estimated cost/square foot
$118

Architect/designer
Architecture 2000, Milwaukee, WI

Construction completed
1998

Program

Mission and goals
The mission of St. Ann Center for Intergenerational Care is to assist frail elderly and disabled persons remain in their homes. Sponsored by the Sisters of St. Francis of Assisi, services are provided to meet the spiritual, psychological and physical needs of the people served. The Center also serves as a resource and place of respite for caregivers.
General description

Opened in January of 1999, St. Ann Center for Intergenerational Care provides day care services to three separate participant populations: children, young disabled adults and the elderly. The adult day care program provides care for frail older adults with chronic physical disease. The rehabilitative care program serves non-elderly adults with development, cognitive and physical disabilities. St. Ann’s Children’s Day Care provides day care for children (with and without special needs) from age six weeks through six years. Adult day care services are provided Monday through Saturday from 7:30 a.m. to 4:00 p.m.

In addition to the new intergenerational facility, St. Ann also operates Shepherd House, an adult day care program located in the basement of a convent. Since 1983, Shepherd House had been providing care for both the physically frail elderly as well as those suffering from cognitive impairments/dementia. Mary Ory, Vice President of Administration and Mary Kohnke, Vice President of Senior Adult Services and Transportation, describe the organization’s philosophy and the decision process that lead to the expansion of St. Ann's scope of services:

Institute What were the key lessons from the experience at Shepherd House and the program there that went into the program and design of the building here?

ADC 1 I think the first things that come to mind are the practical. We learned a lot in 15 years of running a program, relating with participants and relating with families, communicating, what worked and what might work over here. I think even though it was much smaller and much simpler, it was a good base to start from. Even in things like human resources and state regulations: over there we had learned the paperwork, and there was a lot more paperwork over here. It was overwhelming. The same state license person licensed Shepherd House and this facility, so we had learned a lot about what to do and don’t do.

Institute Since a lot of the motivation for the new facility came from Sr. Edna, did trying to envision a new place feel like starting from scratch or were ideas—like program—carried over from the original location?

ADC 1 Program definitely, in terms of adults. In terms of children we had to hire knowledgeable people who could do that for us because we didn’t have any experience. At Shepherd House we always invited staff members to bring their children so we always had a smattering of children in the other program, but nothing like being able to have a children’s day care and dealing with all those regulations. We learned a lot about the state regulations, which are a lot tighter than they are for adults. I had heard that, but when I saw it in action it was startling.

Institute When Sr. Edna went to the Archbishop, did she already have the vision in mind that it would be intergenerational?

ADC 1 Yes, from almost the beginning...she got some flak from the board and from her own sisters because some people thought that she was going beyond her expertise in
building a new facility, they still couldn't understand why you would include children. There were members on the board at that time who felt that we should stick with what we were good at, and that was working with older adults.

**Institute**

How did that become resolved?

**ADC 1**

Well, she listened, and she listens well, and there were enough people on the board who really did buy into intergenerational. It came to be seen more and more as the way of the future, where much more could be gained by bringing generations together in lots of creative ways. So over time, more and more people learnt support to the notion that it was important to bring the generations together and to be able to have high school kids, preschool kids and older and younger adults as it's turning out now.

**Institute**

What would you describe as the philosophy of this place? What's it all about?

**ADC 2**

To provide a home atmosphere, a social setting for adult seniors and young adults and children. Socialization for the participants and respite for the caregivers.

**Institute**

How do the design and the program work together to provide socialization?

**ADC 2**

I guess it's the openness. Everyone walking by calls in and says hi. We have doors in the places where there are quiet activities, where we don't want to be disturbed, like during mass, spiritual group, perhaps during participant counsel where they need to listen and concentrate.

The park really leads to socialization when the kids go walking through there on their walks or to their play area, and if we're out, they stop by. We've arranged our furniture to be like a living area, a social area. We kind of encourage group areas and group participation. But there are places where they can go to be on their own. They don't have to sit with the group. If they don't want to be here they can go and sit at the dining table and have a cup of coffee and not participate. No one is forced to do an activity, there's always a choice, but they are highly encouraged.

**Institute**

So far what would you say overall works best about this building?

**ADC 2**

I guess having the two groups of day care together, the children and the adults together in one building. I think it really encourages the participants and the staff as well to socialize. It gives them a lift during the day. Like this group of kids that was here this morning, they are the best ones to have in the morning. They are so full of energy, the two-year-olds; they get these participants rolling to start the day. They have all this energy and I think that's a good thing. Plus, here in the new space we've got more room, too.
Fees for St. Ann Center for Intergenerational Care are $43 per day. There is an $11.50 charge per whirlpool bath. The center also offers therapy services to the community at large:

**ADC 2**

We have an a la carte program and it's so people from the community can choose a service. I have a few people come in just for a bath or just for hair care, they come in just for therapy and go home. They don't have to be part of day care.

**Institute**

How are these services accessed? Would people be referred by their doctors?

**ADC 2**

Yes, it's all doctor ordered, as well as the whirlpool bath. I have the doctor's health certificate signed before we do a bath. And massage is really a big thing from the outside. A lot of people from the public are using the massage therapy services.

Following the opening of the Intergenerational Center, the plan was to continue to provide a setting and program of care specifically for the cognitively-impaired at Shepherd House, while the physically-impaired would be located in the new facility. An unanticipated issue has emerged as some cognitively-impaired participants of Shepherd House have insisted on being relocated to the Intergenerational Center, where the setting and program of care is oriented toward physical frailty and impairments.

**ADC 2**

Shepherd House needs to have more participants. Everybody wants to come here. We have a lady who’s returning, she’s been gone for quite awhile, and she is quite confused and her daughter is insisting she comes over here. But she is not a threat of wandering, she just stays in her wheelchair, she is a fine lady and so she is going to be here. So the families…Shepherd House is really nice, but they see this building and they want their person here.

**Institute**

Just to be in the new building?

**ADC 2**

Yes. We moved another guy here about two weeks ago. He was at Shepherd House. He belongs at Shepherd House. He's not a wanderer, but he's a guy who likes to pop out of his wheelchair, stand up and he doesn't lock the brakes. He's fallen at home; he's broken his hip at home and the whole bit. But it would be better for him to be in a smaller environment, a more controlled area like Shepherd House.

**Institute**

Does he have dementia?

**ADC 2**

Some, due to the stroke. He doesn't have Alzheimer's disease, though he's got major depression as well. The wife, sister and daughters-in-law wanted him here and they kept insisting, so we said alright. It's working out okay.

**Staffing**

The adult day care program at St. Ann Center for Intergenerational Care has a staff of 18 full and part-time employees. The ratio of staff to participants in the adult day care program is 1:5.
Participant profile

St. Ann Center for Intergenerational Care has 107 enrolled participants, a maximum capacity of 60 and an average of 41 participants a day. The average age of its participants is 78. The ethnic make-up of the population is as follows: one percent Hispanic, three percent African-American, and 96 percent Caucasian. Sixty percent are cognitively impaired, 75 percent are incontinent, and 75 percent are in wheelchairs. The gender ratio is one male to two females.

Physical Setting

St. Ann Center for Intergenerational Care is a two story building that suggests Frank Lloyd Wright's Prairie style. The exterior consists of light brick with stucco above. A taupe-colored band of concrete, a design element that is repeated beneath the second story windows and which emphasizes the building's sense of the horizontal, separates the different materials. The front entry features porte cochere with brick and stucco piers, lit via a skylight.

The focal point of the facility is the double height interior courtyard, which links the older adult day care/young disabled adult day care wing with the children's day care area. Other first floor spaces of the multi-use facility include the lobby, two small retail spaces, snack bar, chapel, adult day care administrative offices, older adult day care room, young disabled adult room, beauty salon, indoor swimming pool, children's day care rooms, children's day care administrative offices, service kitchen, and employee lounge.

The second floor of the facility is principally dedicated to therapy services, and includes a large physical and occupational therapy room; a whirlpool therapy room; massage, cognitive and speech therapy rooms; therapist offices, an "intergenerational" room outfitted for creative, interactive therapy activities for young and old, an ADL-training "apartment;" and general administrative offices.
The description of the physical setting here is limited to the spaces dedicated to adult day care: the primary program space, entry sequence and intergenerational courtyard. The primary program space for adult day care consists of a living area, dining area and kitchen. Toilet and bathing rooms, which are shared with the young disabled adults, are located outside this primary program space.

Entering from under the porte cochere, one passes through two sets of sliding glass doors separated by an airlock. These doors are operated electronically by motion detectors.

The entry is flanked by three retail spaces that are operated by St. Ann's. One space houses children's clothing and toys for resale, the second is for costume and estate jewelry, and adjacent to the jewelry shop is a snack bar. Ory describes the concept:

ADC 1  Practically from the time I've known her, Sr. Edna has always had this dream of having like a little mall and stores to sell important things to the participant that we attract, but that would also help defer costs, because we want to keep costs down for our participants. We don't charge our participants what it takes to provide services to them, so we've always got a deficit and we work with it through fund raising.

Institute  Who operates those stores?

ADC 1  We hired a part-time person for each of the stores to oversee them. They're operated by St. Ann's, and then we have lots of volunteers.

Institute  How are the stores working out?

ADC 1  The jewelry store is up and running very nicely, but see we have a long history of selling resale jewelry. When we were still in the small room at the Shepherd House area we were already collecting jewelry and selling it. We would have weekend sales at Southgate Mall when it was still busy, and we could make $3,000 or $4,000 dollars on a weekend, and that was a lot of money for us back then. That supported
a lot of activities. So, we've been doing that for, I would guess, ten years. So it was just natural that we would take the jewelry. People from all over the world donate jewelry to us. The sisters have a lot of connections, and then our friends have a lot of connections so we get jewelry from Japan and Taiwan and all over the United States. Then we have some jewelers who volunteer to clean it up and repair some of it that is worth repairing, and we have some that's costume jewelry and then we have some very expensive pieces that have been given to us as part of estates.

It took us longer to get the children's store set up, so it opened later than expected. The deli is just getting going, and that's another dream of hers. I think that can do quite well. We're going to have sandwiches, different coffees, teas, muffins and other things. Tim (the supervisor) is planning to do a lot of other things. I have a feeling that will do well. We have drivers who drop off the adults, and they are getting into the habit now of buying a bakery item or sandwich... Again, it's priced reasonably, so we're not going to make a whopping profit. It is important to us, but it's not the main thing.

Across the aisle from the deli and jewelry store, the facility's receptionist is stationed behind a chest-high service counter. Visitors may be seated in the fireside lounge, a space reminiscent of a hotel lobby with floral upholstered wingback chairs, wood occasional tables and a massive fieldstone fireplace. The parquet-look vinyl floor is accented with inlaid dark and light bands, an effect that lends spatial definition to the lobby area. An open staircase winds around the fireplace, elegant with turned wood balusters and burgundy carpet runner. The lounge provides a front row seat for viewing the lush intergenerational courtyard.

Continuing along the corridor to the right is the facility's chapel, or non-denominationally, the House of Prayer. A subdued atmosphere is established with the help of the three stained glass windows custom-made by a nun associated with St. Ann's sponsoring order. Walls of the chapel are painted a deep periwinkle blue; the dense carpet is amethyst. Contradictory to the richness of color and light in the room, furnishings are sparse, consisting of two small residential style end tables and several metal and upholstered office-type stacking chairs.

The toilet and bathing rooms used by the older adult day care are located before one reaches the day care's primary program spaces. In the wing that houses both the older adult and young disabled adult care programs, there are a total of five toilet rooms and five fixtures. Plans for a sixth toilet room were modified to make way for a changing room to accommodate more disabled participants. Toilet rooms have taupe-colored ceramic tile floors and walls tiled to wainscot level; drywall above is painted white. Lighting is fluorescent. All toilet rooms are ADA compliant.

In terms of fixtures and finish, bathing rooms are characteristically institutional. Floors and walls repeat the taupe tile of the toilet rooms. White laminate undercounter cabinets provide storage.
A special decorating touch in each bathing room is the hand-painted tile montage featuring traditional floral and rural scenes.

Continuing down the corridor of the adult wing, administrative offices are located along the outside wall of the facility while the older adult day care room abuts the courtyard. The room itself provides no visual access to the outside, although outside views are available by looking through the windows of the administrative offices. Large interior windows including an expansive bay are draped with floral fabric swags, and look out onto the Intergenerational Courtyard. A pair of French doors also provides a courtyard view. The primary program space is configured essentially as one large rectangle, one half of which is used as a living area, and arranged around a central fireplace. The second half of the space is divided into an open dining area, and an enclosed kitchen space.

In the large central living area, the working fireplace features a wood surround and mantel. The room’s color scheme is comprised of burgundy, rose, pink and teal. Furnishings consist of residential-style wingback recliners, club chairs and loveseats upholstered in tasteful fabric floral prints and stripes, as well as wooden gliders with fabric cushions. This seating is typically arranged in a semi-circle around the fireplace, in front of which an activity director is typically positioned. A secondary seating area located in one corner of the room consists of a pair of Queen Anne style occasional tables and upholstered loveseats that face a large screen TV. Flooring in this central activity space is taupe carpeting. Ceilings are acoustical tile. Lighting is provided by compact fluorescent cans, supplemented by wall-mounted sconces.

Located in one corner of the room is a long healthcare workstation of wood-look laminate. Participant files and activity props are stored in the undercounter and wall-mounted top cabinets. The dining area is spatially defined by the change in flooring material from neutral-toned carpet to light colored sheet vinyl. Furnishings consist of light toned wooden armchairs with upholstered seats and square wooden pedestal tables. A bay window to match that in the central activity area and a second window provide views of the interior courtyard. Walls are white painted drywall. Ceiling is acoustical tile and lighting provided by fluorescent cans and incandescent sconces.

The kitchen is adjacent to the dining area. Views into the kitchen space are possible through two laced-curtained interior windows as well as the glazed French doors. The kitchen has residential appliances and wood laminate cabinets, although its large size and the presence of institutional food service equipment dilute the homey feel. Arranged mid-room are a table and six chairs. Walls are white painted drywall. Vinyl flooring is continued from the dining area. The ceiling is acoustical tile interspersed with fluorescent light diffuser panels.
The heart of St. Ann's Intergenerational Center is the spacious, double height atrium, called the Intergenerational Courtyard. Opening directly into the facility's center lobby, the courtyard is the architectural element that links the elderly and disabled young adult day center areas with the children's day care area. Measuring 4,550 square feet, the courtyard contains more than 40 species of tropical plants set in raised beds amid winding concrete pathways. Interior windows and French doors provide a view onto the space from the adult day care areas.
The Place In Use

Coming and going

Although there are several entry doors into the facility, standard procedure is for everyone to enter the building through the front entrance. Given that the program space for the older adult day care is not visible from the entrance, it's become mandatory that participants be escorted to and from the primary program space.

Institute Can you describe the entry sequence for participants?

ADC 1 The driver brings them in as far as the reception desk, and the receptionist calls the day care room and says, "Esther is here," and then somebody from the day care staff comes out and greets Esther and takes her back to the room.

Institute So everyone coming into the facility comes through the front door?

ADC 1 Yes, that's what we envisioned, and so far it's working okay. If we open the side door, which is much closer to the adult area, then we don't have the same kind of security. Although we have monitors, it just isn't as secure as if they pass the reception desk.

Institute And the receptionist provides a point of security and visual surveillance?

ADC 1 Yes. At this point they know the participants, they know them by name and can identify them. In the afternoon I've noticed some drivers going back to the units. We know the drivers by now and so we don't really discourage that. I think it helps with a little warmer feeling between the staff and the drivers and that's always good. That's what happened at Shepherd House, and at first we thought in the new center, we are not going to have that happen, but it just seems so natural. In the mornings the drivers are busy so they want to drop them off and continue on their routes, but in the afternoons, they seems to have a little more time.

As with most adult day programs, afternoon transitions are more harried:

Institute How about the departure sequence?

ADC 2 Most of the van drivers come to our doorway and stand here. We like that better because then we can see who's here to pick up. The first group of participants starts rolling out about 2:00. After that, most pick-ups are supposed to be between 4:30
and 5:00, but there are van companies that are late. There are a few drivers who stop at the desk, say they are here for so and so, the receptionist calls and says so and so's driver is here, we go get their coats in the closet and they go off.

**Institute**
The coats are at the other end of the hallway?

**ADC 2**
Yes, that's something of a problem; the coat closet is not big enough and it is far away. That could stand to be improved; and it's not large enough when you have the winter coats; it's not big enough for 35 coats.

**Institute**
So when the van driver comes or when you're paged, do you take the person out in the corridor and then get their coat? Or how do you do that?

**ADC 2**
We usually do it in this front area here, right in front of the door so that we can kind of keep the hallway clear; because a lot of the vans come at once. Between 2:30 and about 3:30 sometimes we have three or four drivers here wanting their person. So it's best that they come back here and see what we're dealing with. It's not like I'm ignoring them. One of the companies we haven't used for a while, one of their problems was we didn't get their person out to them fast enough. I said they just needed to come in and see what we're dealing with. We've got to get coats, we've got to put them on and for some people it's sometimes a bit of a project to get a winter coat on. Some have boots and then we have to put on the boots. That's the process. Then the van driver takes them out to their van, and if it's a bigger group then one of our staff will go with him to make sure that he's got everyone into the van safely.

**Primary Program Space**
The primary program space for the older adult day care program is essentially one large room, with the living and dining areas principally defined by the change in flooring material. Although the adult day care room's layout is a mirror image of that for the young disabled adult program, it lacks the direct exterior exposure that brightens the disabled adult day room. As a result, the overall quality of the primary program space is diminished for lack of natural light and visual access to the outdoors. Mary Kohnke remarks:

**ADC 2**
I think that could have been worked out a little easier because they miss (being able to see outside). They look through my office to see what's going on outside. That's what they're doing now. At least they can do that. At Shepherd House (the program located in a convent basement), they couldn't even do that; they had to look up a window well. We always said, "What's going on in the outside world?" So that
probably could have been worked out. They would love to be able to see outside and I think that would have been really nice. I do envy them over there (in the young disabled adult room) that they do have the outside windows.

The impression of living room is marred by the sizeable healthcare workstation anchoring one corner of the room. Undercounter and wall-mounted cabinets house participant files and activity props; day care personnel sometimes conduct charting at the long counter here. While the placement of the workstation in the program space proper was to ensure staff presence in the day care room at all times, its location and size are incongruent with the original intention to create a home-like atmosphere.

**Institute**  The work-space cabinets in the room...you mentioned before that you wanted them in the activity room so that staff are in the room, similar to St. Francis Hall at Shepherd House, is that right?

**ADC 2**  Right. I would rather have more cupboards with doors up on the wall. There’s only two and the rest are open--I would have preferred the doors. You can never have too many cabinets. We have all our cabinets jam-packed. We’re having a trouble with where to put our charts; that’s the big problem right now. Our charts need to be locked up and those two cabinets are all we have to lock up all these charts. All these people have a chart, and they’ve got to be locked up. We could have used more closed cupboard space. I like the long counter, and eventually there’s a computer that’s supposed to be in there.

**Institute**  Your intention was to have the staff in the same room as the participants and their workspace close by. Did you consider a room adjacent to the activity room, but with a view of the participants?

**ADC 2**  No, they need to be in the room. Then you’re going to get people sitting at their desk and not in with the participants. That’s our main thing: You have to be with the participants. The staff needs to be with them. I’m in there a lot. I’m usually somewhere in the participant area. That’s what we’re paid to do, to be with the participants. You don’t want to have staff sitting and working at a desk instead of doing personal cares, socialization.

**Institute**  Where does the charting get done?

**ADC 2**  Most staff go to the dining room tables. Maybe a participant will sit there too, doing their handiwork. Staff can chart alongside. When walks are done and baths are done, it’s hard to find time to chart, because our walk list is huge. We have a load of people on the walk list twice a day.

**Institute**  If staff are encouraged to use the dining room tables to do charting and things like that, is there a need to have the counter in the activity room?
They need someplace to put their staff things. For example, I've got signs up there and we've got an attendance board up there; I wouldn't just want those sitting on a dining room table.

Kitchen and kitchen work

The kitchen opens onto the dining area. Although interior windows and two pairs of French doors offer a view into the kitchen, these are oriented toward the dining room and central hallway. This configuration, while it ensures plenty of cabinet space in the kitchen, has resulted in one long blank wall facing the central activity area and accordingly a lack of visual access to the primary program area.

In informal dining in the kitchen.

Institute

How would you compare this kitchen with the kitchen at St. Francis Hall (at Shepherd House)? Were there aspects of that kitchen that you wanted to see here?

ADC 2

The cupboard areas. We had quite a few cupboards in St. Francis Hall kitchen, so that was replicated. With this kitchen something I would have preferred--I wish I would have thought of it before--is having a window on this wall. If we're in the kitchen you can't see what's going on out here. There may be two staff people in the room, on unit, but they don't know what's going on out here. You've got to be able to see this room.

Institute

In other ways does the kitchen work well?

ADC 2

It's fine--a lot of counters, cupboard space. It's great other than the lack of a window into the unit. From the other side, too, they can't see from the room into the kitchen.

Meals for the older adult day care program are prepared in the center's commercial kitchen and plated in the day care kitchen. As a result, the kitchen was designed with eat-in space, accommodating a table and chairs for six.

Institute

Do you have enough counter space? Is it efficient for staff to get food out?

ADC 2

Yes. Although I should say that when the kitchen carts are in there for serving, it gets a little crowded. We've got participants around the table. The kitchen could have been bigger too. It looks big, but I think that now we've used it and seen how much space wheelchairs and those kitchen carts take up, we could have used a bigger kitchen.
Institute  That's an interesting comment considering your experience. You came from the basement of a convent where you had not a larger kitchen, but a more open kitchen there. Here it's a more enclosed kitchen. Was it intentional to have a more fully enclosed kitchen in this building?

ADC 2  It wasn't intentional. It was just the architect's design.

Dining

Participants at St. Ann's are served a hot noon lunch as well as snacks. Eating activities take place at the four-person square pedestal tables of four each. Most participants require little or no assistance with eating.

Throughout the day, the dining area serves as a space that is available to participants who wish to observe activity rather than participate. Occasionally, two or three participants will be engaged in a small, directed group activity (cards, handiwork) with a staff person or volunteer in the dining area, while the majority of the group involved in another programmed activity (for example, a physical exercise session).

Toileting

The adult wing of St. Ann's Center for Intergenerational Care contains five toilet rooms and five fixtures, all of which are located outside the primary program space off the wing's central hallway. Two are located toward the young disabled adult room; three are near the older adult day care room.

A sixth toilet room for the wing was modified as a changing room for attending to the toileting needs of participants unable to stand. Mary Kohnke explains:

ADC 2  We took one away and made a changing room for people who can't stand. With those participants, we have to get them onto a table. We have a hydraulic lift massage table that we adjust to the height of the wheelchair, and then sometimes it's just a slide over. That was a real need. It would have been nicer to have that changing table plus three bathrooms (at the older adult end of the wing). You can never have enough bathrooms, because participants go to the bathroom a lot. You can never have enough. We could probably have used more.

Institute  Do you ever have a wait?
ADC 2 Oh yes. Everyday there's a couple of people who stand right there. To them we say, "You've got the next ticket."

Institute Is one staff person always doing some kind of toileting?

ADC 2 Yes. Right at this doorway there's always one person directing the traffic of the bathroom. After lunch. As soon as they put down their fork they want the bathroom.

Institute What's the process?

ADC 2 Some of them forget that it might be crowded and they just kind of walk up. We tell them, "You've got to wait. It's a full house." It's better they would wait in here (the main activity room) than in the hallway. They start drifting out there. We had that at Shepherd House as well. We could have used more bathrooms; we never have enough bathrooms.

The location of the toilets, outside of primary program space and down the central hallway, has proven problematic:

ADC 2 ...even though our dementia participants are over in Shepherd House, our participants here still lose their way.

Institute So staff often have to lead participants to the bathroom?

ADC 2 Yes.

Institute The majority of them?

ADC 2 Yes, everybody. We watch them as they go. The majority of them, I think, can go alone, but we stand by this doorway here and watch that they get back. We figure they got into that area, but can they get back?

Institute Would you have preferred that the bathrooms were closer or more adjacent to the activity room rather than down the hall?

ADC 2 This is fine.

Institute Even though some people don't know where it is?

ADC 2 I prefer that the bathrooms not be right through the door of the activity room. I like it away a little bit because then you don't hear all that noise.

Institute So for noise reasons you think the current location is good?
ADC 2  
Yes, you don’t hear all that flushing. These new tanks are loud. We don’t hear that over here. And the tub rooms are there too, and we don’t hear all that. So I like the noise factor that it’s a little bit away, not far, just a tad away.

Institute  
Was it purposeful for the toilet and bathing area to have exterior exposure, have them have access to the windows?

ADC 2  
That’s the way it happened. We can open the windows in the bathing areas when the baths are done. The seniors are most of the time cold, so we can’t open those windows during baths. There will be air conditioning so that wasn’t a necessity to have those or to have open windows. After baths are done we can open them to get rid of the humidity, but it’s not a necessity, it happened that way.

Wandering and elopement

Given that most participants at St. Ann’s Intergenerational Center are physically frail and mobility-impaired, dementia-related wandering and elopement have not been issues to date.

Courtyard space

The heart of St. Ann’s Intergenerational Center is the Intergenerational Courtyard. Opening directly into the facility’s center lobby, the courtyard is the architectural element that links the senior and disabled young adult day care areas with the children’s day care area. Concrete pathways wind through raised beds of tropical and native plants, life-sized garden statues, small café-style tables and chairs, garden benches, a full-size gazebo and novelty play areas for the children.

Institute  
In planning for this building, what was the intent of the courtyard?

ADC 1  
I know it was to be like the hub, the center, the gathering place. The place where people could go to be alone or play or to be with a group. I think it was intended as a way of drawing participants and staff closer to nature all year round, in a way that we wouldn’t have to worry about the elements. With the courtyard, we wouldn’t have to be concerned as to whether or not the children could go out and play and whether or not the adults could watch them play and whether or not the adults could join them.
While interior windows and a set of French doors provide visual and physical access from the adult day care room into the courtyard, the lushness of the plantings, which includes tall, leafy palm trees, impedes visibility of the courtyard from the primary program space:

**ADC 2**  
When we first moved in there was too much foliage. They did weed out quite a bit of it. It was like a jungle when we first got over here. They weeded it and they had to take out some toxic plants that were in there, and with a children's day care, you can't have that. So the kids couldn't even go out there until they got rid of the toxic plants. I like it better now that it's been thinned out....

**Institute**  
Is the fact that it opens into the lobby a concern to you?

**ADC 2**  
It's worrying to think of letting people out there alone and having them getting lost or going out the front door and who knows where, not that they're lost, but they're going to investigate something. Otherwise I like it. I like the open part of it. We sit out there with late people, with participants who get picked up late. We enjoy the time out there. It's a change of scenery.

**Advice For Other Providers**

**Institute**  
What lessons do you think you've learned having gone through the process of creating a visionary facility that would be useful for other day care professionals?

**ADC 2**  
I know one is don't move in before things are in place...get organized. We had furniture delivered when we were here with participants; we didn't have enough and I wouldn't do that. Not everything has to be here, you don't need to have pictures on the walls, but you need the necessities. You've got to have time to organize it, get the staff over here and set it up. It takes a lot of planning and a lot of meetings and so many changes.

You can't just have somebody like the architect deciding all this stuff, because they don't live day care, they haven't lived with it. Like the kitchen; I was in on designing that kitchen. You've got to have someone who's lived it and who works in it. That's why the whole staff was in on it. I would ask my staff all the time: What do you think about this, what would you suggest? I always had my staff involved. And that's good too, good for morale that they all had a say.

**Institute**  
In terms of the physical plant, what do you think is absolutely essential to a good day care?

**ADC 2**  
A decent air exchange system. Windows--to be able to look outside and know what's going on out there--is very essential. And space, you can never have enough storage space. You can never have enough cupboards, bathrooms, and closet space.