

| 施設種別                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | 障害福祉サービス事業所                                                                                                               |             | 令和7年4月1日現在                                                                         |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|------|-------|--------------|-------|-------|-------|-----------|-------|-----|-----|----|-----|---------|----|------|---------|--|--|-----|---|---|--------|---|----|-------|---|---|------------|---|---|------------|----|---|----|---|---|----|---|---|----|---|---|---|---|---|
| 事業所名                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | 仙台市泉障害者福祉センター                                                                                                             |             | 所在地等                                                                               | 〒981-3131<br>仙台市泉区七北田字道48-12<br>TEL: 022-372-7848 FAX: 022-372-8969<br>e-mail: <a href="mailto:izumi-svofuku@shakyo-sendai.or.jp">izumi-svofuku@shakyo-sendai.or.jp</a><br>URL: <a href="http://www.shakyo-sendai.or.jp">http://www.shakyo-sendai.or.jp</a> |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 設置主体                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | 仙台市                                                                                                                       |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 経営主体                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | 社会福祉法人仙台市社会福祉協議会                                                                                                          |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 管理者名                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | 所長 芦名 洋美                                                                                                                  |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 設置年月日                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | 平成4年4月1日                                                                                                                  |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 施設の特色                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | 地域や周辺福祉施設と連携し、障害者の方々や支援団体へ支援しています。<br>在宅障害者が自立した生活を営めるよう、日常生活の自立や地域社会における社会参加を目指して取り組んでいます。                               |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 設備面の特色                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | ・リハビリ機器として平行棒や足こぎ車椅子、バランスパット、また歩行補助用具として抑速ブレーキ付歩行器1台があります。<br>・体操や運動を行う日常生活訓練室と創作活動や集団コミュニケーションプログラム等を行う作業室があり、日々訓練しています。 |             | 施設の概観(または地図、作業の様子など)                                                               |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 主な行事                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | ・野外活動(年2回)<br>・スポーツ・レクリエーション<br>・センターまつり                                                                                  |             |  |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 作業内容                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | ・機能訓練(集団・個別)    ・歩行訓練<br>・社会適応訓練                ・軽スポーツ<br>・集団コミュニケーション    ・外出訓練等                                          |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | 【工賃(賃金) 平均                円/月程度】                                                                                          |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 事業種別                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | 機能訓練                                                                                                                      |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 在籍/定員                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | 7 名 / 15 名                                                                                                                |             | 名 / 名                                                                              |                                                                                                                                                                                                                                                             | 名 / 名       |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 送迎サービス                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | あり                                                                                                                        | 送迎経路<br>利用日 | 施設～自宅<br>火～土    経路数    2                                                           |                                                                                                                                                                                                                                                             | 送迎可能<br>エリア | 泉区、青葉区の一部(愛子駅付近) |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 主な対象                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | 肢体不自由、難病の方                                                                                                                |             | 車いす利用者の受入                                                                          | 対応可能                                                                                                                                                                                                                                                        | 要医療的ケア者の受入  | 受入可              |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 事業所PR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | ご利用者様毎に個別支援計画を作成し、個別訓練をいたします。<br>お気軽にお問合せ・見学にいらしてください。                                                                    |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| (1日のスケジュール)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| <table><tr><td>9:00</td><td>10:00</td><td>11:00</td><td>12:00</td><td>13:00</td><td>14:00</td><td>15:00</td><td>16:00</td></tr><tr><td>通所</td><td>送迎</td><td>到着</td><td>朝の会</td><td>機能訓練</td><td>昼食</td><td>機能訓練</td><td>レク・スポーツ</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>休憩</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>退所</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>送迎</td></tr></table>                                           |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  | 9:00 | 10:00 | 11:00        | 12:00 | 13:00 | 14:00 | 15:00     | 16:00 | 通所  | 送迎  | 到着 | 朝の会 | 機能訓練    | 昼食 | 機能訓練 | レク・スポーツ |  |  |     |   |   |        |   | 休憩 |       |   |   |            |   |   |            | 退所 |   |    |   |   |    |   |   | 送迎 |   |   |   |   |   |
| 9:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10:00 | 11:00                                                                                                                     | 12:00       | 13:00                                                                              | 14:00                                                                                                                                                                                                                                                       | 15:00       | 16:00            |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 通所                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 送迎    | 到着                                                                                                                        | 朝の会         | 機能訓練                                                                               | 昼食                                                                                                                                                                                                                                                          | 機能訓練        | レク・スポーツ          |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             | 休憩               |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             | 退所               |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             | 送迎               |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| <利用者の状況>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| ①年齢別・性別                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| <table><tr><th>年齢別</th><th>18歳未満</th><th>18歳～19歳</th><th>20歳～</th><th>30歳～</th><th>40歳～</th><th>50歳～</th><th>60歳以上</th><th>合計</th></tr><tr><th>性別</th><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>男</td><td>0</td><td>0</td><td>0</td><td>0</td><td>2</td><td>2</td><td>2</td><td>6</td></tr><tr><td>女</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>1</td></tr><tr><td>合計</td><td>0</td><td>0</td><td>0</td><td>0</td><td>2</td><td>3</td><td>2</td><td>7</td></tr></table> |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  | 年齢別  | 18歳未満 | 18歳～19歳      | 20歳～  | 30歳～  | 40歳～  | 50歳～      | 60歳以上 | 合計  | 性別  |    |     |         |    |      |         |  |  | 男   | 0 | 0 | 0      | 0 | 2  | 2     | 2 | 6 | 女          | 0 | 0 | 0          | 0  | 0 | 1  | 0 | 1 | 合計 | 0 | 0 | 0  | 0 | 2 | 3 | 2 | 7 |
| 年齢別                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 18歳未満 | 18歳～19歳                                                                                                                   | 20歳～        | 30歳～                                                                               | 40歳～                                                                                                                                                                                                                                                        | 50歳～        | 60歳以上            | 合計   |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 性別                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 男                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0     | 0                                                                                                                         | 0           | 0                                                                                  | 2                                                                                                                                                                                                                                                           | 2           | 2                | 6    |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 女                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0     | 0                                                                                                                         | 0           | 0                                                                                  | 0                                                                                                                                                                                                                                                           | 1           | 0                | 1    |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 合計                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0     | 0                                                                                                                         | 0           | 0                                                                                  | 2                                                                                                                                                                                                                                                           | 3           | 2                | 7    |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| ②障害別                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| <table><tr><th colspan="2">知的障害</th><th colspan="4">左のうち合併障害のある方</th><th rowspan="2">身体障害</th><th rowspan="2">精神障害</th><th rowspan="2">その他</th><th rowspan="2">合計</th></tr><tr><th>重度</th><th>その他</th><th>自閉症</th><th>肢体</th><th>視覚</th><th>その他</th></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>7</td><td></td><td>0</td><td></td><td>7</td></tr></table>                                                                                                                                                                      |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  | 知的障害 |       | 左のうち合併障害のある方 |       |       |       | 身体障害      | 精神障害  | その他 | 合計  | 重度 | その他 | 自閉症     | 肢体 | 視覚   | その他     |  |  |     |   |   |        | 7 |    | 0     |   | 7 |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 知的障害                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | 左のうち合併障害のある方                                                                                                              |             |                                                                                    |                                                                                                                                                                                                                                                             | 身体障害        | 精神障害             | その他  | 合計    |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 重度                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | その他   | 自閉症                                                                                                                       | 肢体          | 視覚                                                                                 | その他                                                                                                                                                                                                                                                         |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             | 7           |                  | 0    |       | 7            |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| <職員> 単位:名                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| <table><tr><th></th><th>男</th><th>女</th></tr><tr><td>管理者</td><td></td><td>1</td></tr><tr><td>サービス管理責任者</td><td></td><td>1</td></tr><tr><td>支援員</td><td></td><td>2</td></tr><tr><td>看護師(常勤)</td><td></td><td>1</td></tr><tr><td>栄養士</td><td></td><td></td></tr><tr><td>調理師</td><td></td><td></td></tr><tr><td>医師(嘱託)</td><td></td><td></td></tr><tr><td>理学療法士</td><td></td><td>1</td></tr><tr><td>歩行訓練士(非常勤)</td><td>1</td><td></td></tr><tr><td>言語聴覚士(非常勤)</td><td></td><td>1</td></tr><tr><td>合計</td><td>1</td><td>7</td></tr></table>               |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      | 男     | 女            | 管理者   |       | 1     | サービス管理責任者 |       | 1   | 支援員 |    | 2   | 看護師(常勤) |    | 1    | 栄養士     |  |  | 調理師 |   |   | 医師(嘱託) |   |    | 理学療法士 |   | 1 | 歩行訓練士(非常勤) | 1 |   | 言語聴覚士(非常勤) |    | 1 | 合計 | 1 | 7 |    |   |   |    |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 男     | 女                                                                                                                         |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 管理者                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | 1                                                                                                                         |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| サービス管理責任者                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       | 1                                                                                                                         |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 支援員                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | 2                                                                                                                         |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 看護師(常勤)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | 1                                                                                                                         |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 栄養士                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 調理師                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 医師(嘱託)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 理学療法士                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | 1                                                                                                                         |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 歩行訓練士(非常勤)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1     |                                                                                                                           |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 言語聴覚士(非常勤)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       | 1                                                                                                                         |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |
| 合計                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1     | 7                                                                                                                         |             |                                                                                    |                                                                                                                                                                                                                                                             |             |                  |      |       |              |       |       |       |           |       |     |     |    |     |         |    |      |         |  |  |     |   |   |        |   |    |       |   |   |            |   |   |            |    |   |    |   |   |    |   |   |    |   |   |   |   |   |