

| 事業種別                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 放課後等デイサービス                                                                                                                                                                      | 児童発達支援                                                                                                                                                                                                                                                                                                                           | 保育所等訪問支援                                                                                                                                                              |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|-------------|--------|-------|-------|-------|--------|-------------|------|-----|------|---------|-------|---------|------|------|------|-------|-------|---|--|--|--|----|---|---|---|---|--|--|--|--|----|----|---|----|---|---|---|---|---|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|------|--|--|--|------|------|--------|-----|----|--|----|-----|------|-----|--|--|--|--|--|----|--|----|---|---|---|--|--|--|--|
| 対 象                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 小学校～高等部の児童・生徒                                                                                                                                                                   | 未就学児                                                                                                                                                                                                                                                                                                                             | 未就学児, 小学校及び特別支援学校の児童・生徒                                                                                                                                               |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 在籍/定員                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 29名 / 10名                                                                                                                                                                       | 3名 / 5名                                                                                                                                                                                                                                                                                                                          | 3名 / 定員なし                                                                                                                                                             |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 事業所名                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 放課後等デイサービス<br>らんらん泉中央                                                                                                                                                           | 所在地等                                                                                                                                                                                                                                                                                                                             | 〒981-3133<br>仙台市泉区泉中央3丁目36-1 セントレアアカマⅡ202<br>TEL:022-341-1723 FAX:022-344-9803<br>E-mail:ranran.izumichuo@gmail.com<br>URL:https://realis-miyagi.com/ranran izumichuo |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 設置主体                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 合同会社realis                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 経営主体                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 同上                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 特 色                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ○日常生活、活動、遊びの中で特性に合わせたバリエーション豊富なプログラムを提供していきます。<br>○専門資格を持つスタッフが個々の発達に合わせた療育を個別で行っていきます。作業療法士、理学療法士、保育士在籍しています。<br>○土曜、祝日、長期休暇は季節の行事、外出イベント等体験活動を多く取り入れ、様々な経験をしたり余暇を楽しむサポートをします。 | 管理者職氏名                                                                                                                                                                                                                                                                                                                           | 持田 優香子                                                                                                                                                                |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 支援目標                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ○児童が自ら喜びや達成感を味わい、自己肯定感を高めていける支援を行います。<br>○保護者様、学校、関係機関と連携を密にし児童にとって最善の療育を提供します。                                                                                                 | 設置年月日                                                                                                                                                                                                                                                                                                                            | 令和6年11月15日                                                                                                                                                            |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 主な行事                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ○四季に合わせた活動(お花見、夏祭り、ハロウィン、クリスマス会、節分等)<br>○社会性を育む活動(外出イベント、社会科見学、クッキング等)                                                                                                          | 休 所 日                                                                                                                                                                                                                                                                                                                            | 日曜日・12月30日～1月3日                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 活動内容                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ○微細運動(製作活動、道具の使い方の練習等)<br>○運動慮育(リズム遊び、体幹運動、ヨガ等)<br>○言葉のトレーニング(発音訓練、言葉遊び)                                                                                                        | 建物面積                                                                                                                                                                                                                                                                                                                             | 103.71㎡                                                                                                                                                               |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 送迎                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 有り(放課後等デイサービスのみ)                                                                                                                                                                | 園 庭                                                                                                                                                                                                                                                                                                                              | 無し                                                                                                                                                                    |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| (平日のスケジュール)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                 | 施設の概観(または地図, 作業の様子など)                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| <table border="1"> <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><td>17:00</td><td>18:00</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>放デイ通所</td><td>個別療育</td><td>おやつ</td><td>集団活動</td><td>自由遊び</td><td>帰りの準備</td><td>放デイ退所</td></tr> </table>                                                                                                                                                                                                                    |                                                                                                                                                                                 | 9:00                                                                                                                                                                                                                                                                                                                             | 10:00                                                                                                                                                                 | 11:00   | 12:00   | 13:00       | 14:00  | 15:00 | 16:00 | 17:00 | 18:00  |             |      |     |      |         | 放デイ通所 | 個別療育    | おやつ  | 集団活動 | 自由遊び | 帰りの準備 | 放デイ退所 |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 9:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10:00                                                                                                                                                                           | 11:00                                                                                                                                                                                                                                                                                                                            | 12:00                                                                                                                                                                 | 13:00   | 14:00   | 15:00       | 16:00  | 17:00 | 18:00 |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         | 放デイ通所   | 個別療育        | おやつ    | 集団活動  | 自由遊び  | 帰りの準備 | 放デイ退所  |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| (学校休業日のスケジュール)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
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| 9:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10:00                                                                                                                                                                           | 11:00                                                                                                                                                                                                                                                                                                                            | 12:00                                                                                                                                                                 | 13:00   | 14:00   | 15:00       | 16:00  |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 放デイ通所                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 児童発達通所                                                                                                                                                                          | 放デイ:学習・自由遊び                                                                                                                                                                                                                                                                                                                      | 活動終了                                                                                                                                                                  | 昼食      | 集団活動    | おやつ         | 帰りの準備  | 放デイ退所 |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| (利用者の状況)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 | (職員) ※常勤換算                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| ①年齢別・性別                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 | <table border="1"> <tr><td>管理者</td><td>1名</td></tr> <tr><td>児童発達支援管理責任者</td><td>1名</td></tr> <tr><td>児童指導員</td><td>2.5名</td></tr> <tr><td>保育士</td><td>1.5名</td></tr> <tr><td>機能訓練担当職員</td><td>2.5名</td></tr> <tr><td>看護師</td><td>名</td></tr> <tr><td>その他の従業者</td><td>名</td></tr> <tr><td>実 職 員 数</td><td>8.5名</td></tr> </table> |                                                                                                                                                                       | 管理者     | 1名      | 児童発達支援管理責任者 | 1名     | 児童指導員 | 2.5名  | 保育士   | 1.5名   | 機能訓練担当職員    | 2.5名 | 看護師 | 名    | その他の従業者 | 名     | 実 職 員 数 | 8.5名 |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 管理者                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1名                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 児童発達支援管理責任者                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1名                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 児童指導員                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2.5名                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 保育士                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1.5名                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 機能訓練担当職員                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2.5名                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 看護師                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 名                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| その他の従業者                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 名                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 実 職 員 数                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8.5名                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| <table border="1"> <tr> <th>年齢</th><th>幼児</th><th>小学校 1～3</th><th>小学校 4～6</th><th>中学生</th><th></th><th></th><th></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>2</td><td>15</td><td>1</td><td>1</td><td></td><td></td><td></td><td>19</td></tr> <tr><td>女</td><td>1</td><td>9</td><td>3</td><td></td><td></td><td></td><td></td><td>13</td></tr> <tr><td>合計</td><td>3</td><td>24</td><td>4</td><td>1</td><td>0</td><td>0</td><td>0</td><td>32</td></tr> </table> |                                                                                                                                                                                 | 年齢                                                                                                                                                                                                                                                                                                                               | 幼児                                                                                                                                                                    | 小学校 1～3 | 小学校 4～6 | 中学生         |        |       |       | 合計    | 性別     |             |      |     |      |         |       |         |      | 男    | 2    | 15    | 1     | 1 |  |  |  | 19 | 女 | 1 | 9 | 3 |  |  |  |  | 13 | 合計 | 3 | 24 | 4 | 1 | 0 | 0 | 0 | 32 | <table border="1"> <tr> <th>知的障害</th><th colspan="4">発達障害</th><th>身体障害</th><th>精神障害</th><th>重症心身障害</th><th>医ケア</th><th>難病</th></tr> <tr> <td></td><td>LD</td><td>ASD</td><td>ADHD</td><td>その他</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>15</td><td></td><td>10</td><td>7</td><td>4</td><td>3</td><td></td><td></td><td></td><td></td></tr> </table> |  | 知的障害 | 発達障害 |  |  |  | 身体障害 | 精神障害 | 重症心身障害 | 医ケア | 難病 |  | LD | ASD | ADHD | その他 |  |  |  |  |  | 15 |  | 10 | 7 | 4 | 3 |  |  |  |  |
| 年齢                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 幼児                                                                                                                                                                              | 小学校 1～3                                                                                                                                                                                                                                                                                                                          | 小学校 4～6                                                                                                                                                               | 中学生     |         |             |        | 合計    |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 性別                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 男                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2                                                                                                                                                                               | 15                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                                                     | 1       |         |             |        | 19    |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 女                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                                                                                                                                                               | 9                                                                                                                                                                                                                                                                                                                                | 3                                                                                                                                                                     |         |         |             |        | 13    |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 合計                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3                                                                                                                                                                               | 24                                                                                                                                                                                                                                                                                                                               | 4                                                                                                                                                                     | 1       | 0       | 0           | 0      | 32    |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 知的障害                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 発達障害                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         | 身体障害    | 精神障害        | 重症心身障害 | 医ケア   | 難病    |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LD                                                                                                                                                                              | ASD                                                                                                                                                                                                                                                                                                                              | ADHD                                                                                                                                                                  | その他     |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                 | 10                                                                                                                                                                                                                                                                                                                               | 7                                                                                                                                                                     | 4       | 3       |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| ②障害別                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                 | <その他体制>                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| <table border="1"> <tr><td>強度行動障害児支援加算</td><td>無</td></tr> <tr><td>延長支援加算</td><td>有</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                 | 強度行動障害児支援加算                                                                                                                                                                                                                                                                                                                      | 無                                                                                                                                                                     | 延長支援加算  | 有       |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 強度行動障害児支援加算                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 無                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |
| 延長支援加算                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 有                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |         |         |             |        |       |       |       |        |             |      |     |      |         |       |         |      |      |      |       |       |   |  |  |  |    |   |   |   |   |  |  |  |  |    |    |   |    |   |   |   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                          |  |      |      |  |  |  |      |      |        |     |    |  |    |     |      |     |  |  |  |  |  |    |  |    |   |   |   |  |  |  |  |

※LD＝学習障害 ASD＝自閉症スペクトラム障害 ADHD＝注意欠陥/多動性障害