

| 事業種別 | 放課後等デイサービス | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------|---|--|------------|--------|-------------|------|-------|------|------|--------|-------------|------|----------|-----|-----|----|---------|-----|---|---|----|---|---|---|----|---|---|----|--|--|--|----|---|---|---|---|---|---|--|--|--|---|----|---|----|---|---|---|---|---|---|----|
| 対 象 | 小学校～高等部の児童・生徒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 在籍/定員 | 27名 / 10名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所名 | あゆみ | | 所在地等 | 〒 984-0826 仙台市若林区若林5丁目6番5号 TEL:022-393-5311 FAX:022-797-7034 E-mail:info@coconet.or.jp URL:http://www.coconet.or.jp/ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 設置主体 | 特定非営利活動法人自閉症ピアリンクセンターこねっと | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 経営主体 | 特定非営利活動法人自閉症ピアリンクセンターこねっと | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特 色 | (1)居場所として:子どもたちが安心して過ごせるように環境を整え、子どもたちが楽しい余暇の時間を過ごせるように支援者がかかわります。 (2)療育の場として:ご本人・ご家族と一緒に何を大切に過ごしていくかを考え、個別支援計画を作成します。 (3)レスパイトの場として:子どもたちが安心して過ごせる場の提供を通じ、ご家族がホッとできる時間を確保します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 管理者職氏名 | 熊谷 周作 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 設置年月日 | 平成19年4月1日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 休 所 日 | 12月29日から1月3日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建 物 面 積 | 120.4㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 園 庭 | 無(駐車場利用としての園庭あり) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 支援目標 | ・集団活動や他者とのかかわりを通して、自分で選択し決めたものに自信を持って取り組むことで意欲的に生活する。 | | <div>施設の概観(または地図、作業の様子など)</div>  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主な行事 | ・家族教室(発達障害等に関する学びの場を保護者に提供) ・家族サロン(共感し、ヒントを得る場を保護者に提供) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 活動内容 | ・工作 ・調理 ・外出(公園・工場・消防署等見学、科学館等) ・外食 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 送迎 | 有・無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (平日のスケジュール) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>9:00 10:00 11:00 12:00 13:00 14:00 15:00 16:00 17:00 18:00</div> <div>小学生通所 中高生通所 休憩 活動終了 帰宅準備 放デイ退所</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (学校休業日のスケジュール) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>9:00 10:00 11:00 12:00 13:00 14:00 15:00 16:00</div> <div>放デイ通所 昼食 おやつ 活動終了 帰宅準備 放デイ退所</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 〈利用者の状況〉 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ①年齢別・性別 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>年齢</th><th>小学1-3年</th><th>小学4-6年</th><th>中学生</th><th>高校生</th><th></th><th></th><th></th><th></th><th>合計</th></tr><tr><td>性別</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>男</td><td>6</td><td>12</td><td>-</td><td>-</td><td>-</td><td></td><td></td><td></td><td>18</td></tr><tr><td>女</td><td>2</td><td>7</td><td>-</td><td>-</td><td>-</td><td></td><td></td><td></td><td>9</td></tr><tr><td>合計</td><td>8</td><td>19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>27</td></tr></table> | | | | | 年齢 | 小学1-3年 | 小学4-6年 | 中学生 | 高校生 | | | | | 合計 | 性別 | | | | | | | | | | 男 | 6 | 12 | - | - | - | | | | 18 | 女 | 2 | 7 | - | - | - | | | | 9 | 合計 | 8 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 27 |
| 年齢 | 小学1-3年 | 小学4-6年 | 中学生 | 高校生 | | | | | 合計 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 性別 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 男 | 6 | 12 | - | - | - | | | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 女 | 2 | 7 | - | - | - | | | | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 合計 | 8 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ②障害別 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><th colspan="2">知的障害</th><th colspan="3">発達障害</th><th rowspan="2">身体障害</th><th rowspan="2">精神障害</th><th rowspan="2">重症心身障害</th><th rowspan="2">医ケア</th><th rowspan="2">合計</th></tr><tr><th>重度</th><th>その他</th><th>広汎性</th><th>自閉</th><th>その他</th></tr><tr><td>-</td><td>-</td><td>-</td><td>25</td><td>2</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>27</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 | 合計 | 重度 | その他 | 広汎性 | 自閉 | その他 | - | - | - | 25 | 2 | - | - | - | - | - | 27 | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 合計 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 重度 | その他 | 広汎性 | 自閉 | その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - | - | - | 25 | 2 | - | - | - | - | - | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 〈職員〉 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>管理者</td><td>兼務1名</td></tr><tr><td>児童発達支援管理責任者</td><td>兼務1名</td></tr><tr><td>児童指導員</td><td>4.3名</td></tr><tr><td>保育士</td><td>0.3名</td></tr><tr><td>障害福祉サービス経験者</td><td>0.4名</td></tr><tr><td>機能訓練担当職員</td><td>-名</td></tr><tr><td>看護師</td><td>-名</td></tr><tr><td>実 職 員 数</td><td>11名</td></tr></table> | | | | | 管理者 | 兼務1名 | 児童発達支援管理責任者 | 兼務1名 | 児童指導員 | 4.3名 | 保育士 | 0.3名 | 障害福祉サービス経験者 | 0.4名 | 機能訓練担当職員 | -名 | 看護師 | -名 | 実 職 員 数 | 11名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 管理者 | 兼務1名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 児童発達支援管理責任者 | 兼務1名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 児童指導員 | 4.3名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保育士 | 0.3名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 障害福祉サービス経験者 | 0.4名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 機能訓練担当職員 | -名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 看護師 | -名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 実 職 員 数 | 11名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 〈その他〉 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>嘱託医・協力医療機関</td><td>有</td></tr><tr><td>看護師等の訪問看護</td><td>-</td></tr></table> | | | | | 嘱託医・協力医療機関 | 有 | 看護師等の訪問看護 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 嘱託医・協力医療機関 | 有 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 看護師等の訪問看護 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※重複障害のある場合は、主たる障害の欄に人数を計上し、従たる障害の欄に()書きで再掲 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |