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| 施設名 |  |

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| 具体的なアクション | １カ月目 | ２カ月目 | ３カ月目 | ４カ月目 |
| アクションプラン①： | | | | |
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| アクションプラン②： | | | | |
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| アクションプラン③： | | | | |
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