**Community Rehabilitation Providers (CRP)**

**Continuous Improvement Plan**

**CRP Name:** **Review Date:       Date Plan submitted to BRS:**

1. **Improvement Goal:**

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| **Strategies/Action Steps:** | **Target Date:** | **Comments:** |
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**CRP Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
BRS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Plan is \_\_ Approved \_\_ Not Approved \_\_ Returned to CRP for edits  
  
Comments:**