

# Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **KNOLLWOOD DISC OVERY  
CENTER**

City: **Rapid City**

Provider Number: **016599295**

Inspector: **Robert Weig**

Date of Inspection: **11/06/2023**

Time of Inspection: **3:40 PM**

**Provider was found to be in full compliance**

**SUSAN MARTIN**

Provider Signature

**11/06/2023**

Date

**Robert Weig**

Inspector Signature

**11/06/2023**

Date