

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 266-2264
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>08 BAC 224</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>09020227BAC</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>KAREN KUELLING COHEN 81-20923</u>	<input type="checkbox"/> Establishment Name License # <u>KAREN'S BARBER SERVICE</u>

Street 1520 CAPITOL DR. City MILWAUKEE Zip 53211
Day of Week WEDNESDAY Date 7/23/08 Time 3:30pm Approx

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

DISINFECTANT USED FOR DECONTAMINATION NOT CHANGED ON A DAILY BASIS AS IS REQUIRED. MANAGER STATED SHE CHANGES IT EVERY TWO WEEKS.

In violation of Section BC 4.02 (5) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Signature of Investigative Staff Amylou M. Austin Title INVESTIGATOR Date 7/31/08
Signature of ☐ Licensee OR ☒ Establishment Owner Karen Kuehling Date 8-5-08

Pursuant to Wis. Stat. § 454.15(3), the licensing authority is authorized to impose a forfeiture in lieu of or in addition to other disciplinary action against your license.

PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE AND COSTS IN THE AMOUNT OF \$ 130.00 BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF REGULATION AND LICENSING, DIVISION OF ENFORCEMENT, 1400 EAST WASHINGTON AVENUE, P.O. BOX 8935, MADISON, WI 53708. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE PLUS COSTS, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.

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Street 1520 CAPITOL DR. City MILWAUKEE Zip 53211
Day of Week WEDNESDAY Date 7/23/08 Time 3:30PM. APPROX

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

WHEN CLEANING BRUSHES, MANAGER STATED THAT SHE JUST CLEANS THEM
WITH SHIP-SHAPE TO DISOLVE HAIR IN THE BRUSHES BRISTLES, ~~NOT~~ RINSING,
AND DRYING WITHOUT GOING TO DISINFECTING STEP AFTER USING SHIP-SHAPE.
NOT DISINFECTING BRUSHES PROPERLY, AND NOT USING A TUBERCULOCIDAL DISINFECTANT.

In violation of Section BC 4.02 (3) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Signature of Investigative Staff Douglas M. Austin Title INVESTIGATOR Date 7/31/08
Signature of ☐ Licensee OR ☒ Establishment Owner K. Kuehler Date 8-5-08

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Jeannie M. Burr
2-2-09