

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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- There may be discrepancies between the online copies and the original document. Original documents should be consulted as the definitive representation of the order's content. Copies of original orders may be obtained by mailing requests to the Department of Safety and Professional Services, PO Box 8935, Madison, WI 53708-8935. The Department charges copying fees. *All requests must cite the case number, the date of the order, and respondent's name as it appears on the order.*
- Reported decisions may have an appeal pending, and discipline may be stayed during the appeal. Information about the current status of a credential issued by the Department of Safety and Professional Services is shown on the Department's Web Site under "License Lookup."
The status of an appeal may be found on court access websites at:
<http://ccap.courts.state.wi.us/InternetCourtAccess> and <http://www.courts.state.wi.us/wsccl>.
- Records not open to public inspection by statute are not contained on this website.

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STATE OF WISCONSIN

Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Governor Scott Walker

Secretary Dave Ross

Mail to
PO Box 8931
Madison WI 53708-8931

Email: dsps@wisconsin.gov
Web: <http://dsps.wi.gov>

Voice: 608-266-2112 • FAX: 608-266-2264 • TTY: 608-267-2416

February 16, 2012

LATEASHA GATES
1024 MAIN ST #308
RACINE WI 53403

ORDER 0001449

Re: **Case number 11 BAC 167/Lateasha Gates #81 32584 (Manager license)**

**ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE -
PAYMENT PLAN**

Dear Ms. Gates:

You have received one or more citations for violations of the Barbering & Cosmetology rules and have requested the opportunity to enter into a payment agreement to resolve those citations. By returning an original signed copy of this letter along with partial payment, you accept the forfeitures imposed on the citations you received and agree to pay the forfeiture amounts in full. To enter into this agreement and to accept the payment plan below:

- You must sign and date this document below and return the original to Michelle Krisher at the address listed above.
- You must also include a partial payment of \$275 when returning this document.
- You must return a copy of the citation(s) with this document.
- Subsequent payments of \$275 are due every 60 days following the date of the previous payment due date until the full amount has been paid and must be sent by addressing to Department Monitor at the address above. In order to assure each payment is credited properly, all payments must reference the case number noted above.
- You agree that if you fail to timely submit payment of the forfeiture as set forth above, your license may, in the discretion of the board or its designee, be **SUSPENDED**, without further notice or hearing, until you have complied with payment of the forfeiture.

I hereby accept the forfeitures imposed by the attached citations and the terms set forth above.

Signature of Licensee or Establishment Owner

03-07-2012

Date

So Ordered:

A Member of the Barbering and Cosmetology
Examining Board

6-11-12

Date

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

3/29/2012
Two citations
(\$1000 + \$100)
totalling
\$1,100
Payment Plan
of \$275 - every
60 days.
Received first
payment of \$275
on 3/29/2012

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

| | |
|--|--|
| <input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>11BAC167</u> | <input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>ORDER 0001449</u> |
| <input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>81-32584</u> | <input type="checkbox"/> Establishment Name License # _____ |
| <u>Lateasha Gates (manager of Frenchies Beauty Salon + Barber Shop)</u> | |

1900 Racine Street Racine WI 53463
Street City Zip
Wednesday 2/15/2012 12:00 pm
Day of Week Date Time

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

Failure to maintain Salon in a Sanitary Condition (ie hair
on Clipper attachments & Clipper mechanisms, implements
Clean & dirty stored with each other, disinfectant. Contained
no tuberculocidal
(mercuride)

In violation of Section 2.07 (1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Nichelle Krusher Investigator 2/15/2012
Signature of Investigative Staff Title Date
Refused to sign but requested a Payment Plan
Signature of ☐ Licensee OR ☐ Establishment Owner Date

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 IN THE AMOUNT OF \$ 100 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, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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

Jeffrey A. Ratto

6-11-12

Wisconsin Department of Regulation & Licensing

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

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1400 E. Washington Avenue
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Website: http://drl.wi.gov

BARBERING AND COSMETOLOGY EXAMINING BOARD CITATION FOR ADMINISTRATIVE FORFEITURE

3/29/2012
Two Citations
(\$1,000 + \$100)
Totaling \$1,100.
Payment Plan
of \$275 every
60 days.
Received first
payment of \$275
on 3/29/2012

| | |
|--|--|
| <input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>11BAC167</u> | <input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>ORDER 0001449</u> |
| <input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>81-32584</u> | <input type="checkbox"/> Establishment Name License # _____ |

1900 Racine Street Racine, WI 53403
Street City Zip
Wednesday 2/15/2012 12:00 p.m.
Day of Week Date Time

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

Lateasha Gates is participating in unlicensed activity
by allowing Tanif Smith who is not licensed provide BAC
services for money (indirect compensation via donation)

In violation of BC 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Michelle Krisher Investigator 2/15/2012
Signature of Investigative Staff Title Date
Refused to sign but wants a Payment Plan
Signature of ☐ Licensee OR ☐ Establishment Owner Date

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 IN THE AMOUNT OF \$1,000 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, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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#2683 (8/08)
Ch. 454, Stats.

Committed to Equal Opportunity in Employment and Licensing

Jeffrey A. Palt 6-11-12