

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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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/wscga>

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Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 7190
Madison, WI 53707-7190

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

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: http://dsps.wi.gov

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>13 BAC 122</u>	FINAL DECISION AND ORDER ORDER # <u>0003981</u>
<u>Madelin Rosado (Manager in charge at Lids and Clips cosmetology establishment)</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name	<input type="checkbox"/> Establishment Name
License # <u>32855 - 81</u>	License # _____

1401 S. 6th St. Milwaukee, WI 53204
Street City Zip
Wednesday 6/25/2014 9:30 a.m.
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation, which ~~must~~ ^{was} be corrected.

I observed Juan A. Mejia Ramirez cutting the hair of a male client. Mr. Ramirez did not have a current barbering or cosmetology license. As the licensed manager in charge of the Lids and Clips salon where this incident occurred, Respondent Rosado therefore assisted in the unauthorized or unlicensed practice of barbering/cosmetology.

In violation of Section Cos 2.04 (1) & Cos 2.07 pf ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Ralph Dregan Consumer Protection Investigator 4/22/2015
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 5/11/15
Signature of 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 \$ 500.00 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 SAFETY & PROFESSIONAL SERVICES, DIVISION OF LEGAL SERVICES & COMPLIANCE, 1400 E. WASHINGTON AVENUE, PO BOX 7190, MADISON, WI 53707-7190. IF THIS CITATION IS ISSUED TO BOTH AN INDIVIDUAL CREDENTIAL HOLDER AND AN ESTABLISHMENT, ONE HALF OF THE FORFEITURE IS DEEMED TO BE ASSESSED AGAINST EACH CREDENTIAL. 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.

[Signature]
A Member of the Board

5/15/15
Date

#3053DLSC (11/14)
Ch.454, Stats.

Committed to Equal Opportunity in Employment and Licensing

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>13 BAC 122</u>	FINAL DECISION AND ORDER ORDER # <u>000398</u>
<u>Madelin Rosado (Manager in charge of Lids and Clips cosmetology salon)</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>32855-81</u>	<input type="checkbox"/> Establishment Name License # _____

1401 S. 6th St. Milwaukee, WI 53204
Street City Zip
Wednesday 6/25/2014 9:45 a.m. - 10:25 a.m.
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation, which ~~must~~ ^{were} be corrected.

While conducting an inspection of the Lids and Clips salon, I observed at least 2 workstations where clean equipment (hairbrushes and combs) were stored in uncovered containers on top of the workstations. At one workstation I observed combs placed in a Barbicide disinfectant container having what appeared to be fresh / clean disinfectant in it, however, the lid of the disinfectant container was not fully covering the container. I also observed clipper guides in an open container where the clipper guides had built-up residue indicating they were not cleaned between clients.
In violation of Sections cos 4.01(1) + 4.02(4) + (5) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

Ralph Drueger Consumer Protection Investigator 4/22/2015
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 5/11/15
Signature of 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 \$ 100.00 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 SAFETY & PROFESSIONAL SERVICES, DIVISION OF LEGAL SERVICES & COMPLIANCE, 1400 E. WASHINGTON AVENUE, PO BOX 7190, MADISON, WI 53707-7190. IF THIS CITATION IS ISSUED TO BOTH AN INDIVIDUAL CREDENTIAL HOLDER AND AN ESTABLISHMENT, ONE HALF OF THE FORFEITURE IS DEEMED TO BE ASSESSED AGAINST EACH CREDENTIAL. 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.

[Signature]
A Member of the Board

5/15/15
Date



May 7, 2015

MADELIN ROSADO
C/O LIDS & CLIPS
1401 S 6TH ST
MILWAUKEE WI 53204

Re: Case number 13 BAC 122

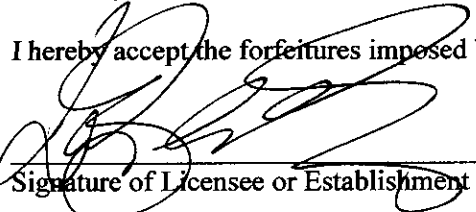
ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE -
PAYMENT PLAN

Dear Ms. Rosado:

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 Investigator Ralph Draeger at the address listed above (use the enclosed return envelope).
- You must also include a partial payment of 25% of the total amount due on the citation(s) when returning this document. 25% of \$600 is \$150.
- **You must return at least the white copy of the signed and dated citation(s) with this document.**
- Subsequent payments of \$150 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 to the Department Monitor at the address above. In order to assure each payment is credited properly, all payments must reference the case number, 13 BAC 122, somewhere on the check.**
- 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(s).

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

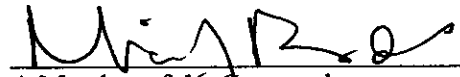


Signature of Licensee or Establishment Owner

5/11/15

Date

So Ordered:



A Member of the Cosmetology
Examining Board, or Designee

5/15/15

Date