

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



Wisconsin Department of Safety and Professional Services Access to the Public Records of the Reports of Decisions

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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/wscqa>

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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>15 BAC 064</u>	FINAL DECISION AND ORDER ORDER # <u>0004616</u>
<u>Angela Schroeder</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>31506-81</u>	<input type="checkbox"/> Establishment Name License # _____

<u>200 N. Moorland Road</u> Street	<u>Brookfield</u> City	<u>53005</u> Zip
<u>Wednesday</u> Day of Week	<u>2-10-16</u> Date	<u>11:25am</u> Time

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

I found combs not submerged in Barbicide. Disinfection for combs, lifts, brushes, rollers and any other contact equipment shall consist of cleaning with soap & water to remove all organic material and treating with disinfectant and air-drying

In violation of Section <u>COS 4.02(3)</u> of <input type="checkbox"/> Wis. Stats. OR <input checked="" type="checkbox"/> Wis. Adm. Code		
<u>Bryce</u> Signature of Division Investigative Staff	<u>Investigator</u> Title	<u>2-26-16</u> Date
<u>[Signature]</u> Signature of <input type="checkbox"/> Licensee OR <input type="checkbox"/> Establishment Owner		<u>3-16-16</u> 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 \$ 100⁰⁰ 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.

<u>[Signature]</u> A Member of the Board	<u>3/22/16</u> Date	<u>3-16-16</u> Date
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#3053DLSC (11/14)
Ch.454, Stats.

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15 BAC 064</u>	FINAL DECISION AND ORDER ORDER # <u>0004616</u>
<u>Angela Schroeder</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>31506-81</u>	<input type="checkbox"/> Establishment Name License # _____

200 N. Moorland Road Brookfield 53005
Street City Zip
Wednesday 2-10-16 11:25am
Day of Week Date Time

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

Cut hair was discarded in a trash bin without a lid or cover. Loose hair shall be removed regularly and placed in a closed container.

In violation of Section OS 3.01(4) of Wis. Stats. OR Wis. Adm. Code
B. Fry Investigator 2-26-16
Signature of Division Investigative Staff Title Date
[Signature] Licensee OR Establishment Owner 3-16-16
Signature of Date

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[Signature] 3-22-16 3-16-16
A Member of the Board Date

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15 BAC064</u>	FINAL DECISION AND ORDER ORDER # <u>0004616</u>
<u>Angela Schroeder</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>31506-81</u>	<input type="checkbox"/> Establishment Name License # _____

<u>200 W. Moorland Road</u> Street	<u>Brookfield</u> City	<u>53005</u> Zip
<u>Wednesday</u> Day of Week	<u>2-10-16</u> Date	<u>11:25am</u> Time

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

I found hair clippings, hair fibers on brushes and dried lotions or creams inside of drawers of hair stylist workstations. Establishments including floors, walls, ceilings, furniture, equipment, tools, utensils, and instruments shall at all times be in good repair and maintained in an orderly and sanitary condition.

In violation of Section <u>COS 3.01(1)</u> of <input type="checkbox"/> Wis. Stats. OR <input checked="" type="checkbox"/> Wis. Adm. Code		
<u>Bryly</u> Signature of Division Investigative Staff	<u>Investigator</u> Title	<u>2-26-16</u> Date
<u>[Signature]</u> Signature of <input type="checkbox"/> Licensee OR <input type="checkbox"/> Establishment Owner		<u>3-16-16</u> Date

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