

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/wscca>

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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>15BAC 080</u>	FINAL DECISION AND ORDER ORDER # <u>0004897</u>
<u>Bao-Chi Le</u>	<u>Regal Nails Salon + Spa</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>90654-82</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>3607-71</u>

3500 Brumback Blvd Kenosha 53144
Street City Zip
Tuesday 5-10-16 10:20AM
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.

I found contact equipment not being properly disinfected; including but not limited to the use of communal brushes for customers with no method of disinfecting between each use, contact equipment stored in open containers; and contact equipment being rexed without being properly disinfected between each use.

In violation of Section Cos 4.02(1) of Wis. Stats. OR Wis. Adm. Code
B 75 Investigator 8-22-16
Signature of Division Investigative Staff Title Date
Chile 3607-71 owner 8-25-16
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 \$ 200⁰⁰ 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

9/1/16
Date

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

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Safety and Professional Services

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15 BAC 080</u>	FINAL DECISION AND ORDER
<u>Bao-Chi Le</u>	ORDER # <u>0004897</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name	<input checked="" type="checkbox"/> Establishment Name
License # <u>90654-82</u>	License # <u>3607-71</u>

3500 Brumback Blvd. Kenosha 53144
Street City Zip

Tuesday 5-10-16 10:20 AM
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.

I observed during my inspection violations indicating the establishment and all equipment was not maintained in a clean, sanitary and safe condition, including but not limited to; nail clippings and nail dust inside of drawers at work stations and on contact equipment, sponges being reused on different customer's and foot spas with dirt on the cover of drain.

In violation of Section Cos 4.01(1) of Wis. Stats. OR Wis. Adm. Code

B. J. Investigator 8-22-16
Signature of Division Investigative Staff Title Date

Chie 3607-71 OWNER 8-25-16
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 \$ 450⁰⁰ 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.

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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15 BAC 080</u> <u>Bao-Chi Le</u>	FINAL DECISION AND ORDER ORDER # <u>0004897</u> <u>Regal Nails Salon & Spa</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>90654-82</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>3607-71</u>

3500 Brumback Blvd. Kenosha 53144
Street City Zip
Tuesday 5-10-16 10:20 AM
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.

Since October 12, 2015, Regal Nails Salon + Spa and Bao-Chi Le have assisted in unlicensed practice of cosmetology by allowing Lee Ann O Neal to provide personal care services while her cosmetology apprentice license was expired. I observed Lee Ann O Neal providing manicuring services during my inspection.

In violation of Section Cos 2.04(1) of Wis. Stats. OR Wis. Adm. Code
B. 75 Investigator 8-22-16
Signature of Division Investigative Staff Title Date
Chelle 3607-71 owner 8-25-16
Signature of Licensee OR Establishment Owner Date

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PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE IN THE AMOUNT OF \$ 1,000.00 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.

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