

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
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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 046</u>	FINAL DECISION AND ORDER ORDER # <u>0005145</u>
<u>Joyce Ward</u>	<u>Hairforce 1 - Standing Ovation Beauty Salon</u>
☒ Individual Credential Holder Name	☒ Establishment Name
License # <u>31499-81</u>	License # <u>40610-80</u>

1300 Grange Avenue Racine 53405
Street City Zip
Tuesday 5-10-16 11:25 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 found hair clippings covering a portable cart at a workstation. 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 Cos 3.01(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
13-73 Investigator 5-27-16
Signature of Division Investigative Staff Title Date
[Signature] 8/20/16
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 \$ 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 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

11/1/16
Date

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

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Safety and Professional Services

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

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Madison, WI 53703
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Website: http://dsps.wi.gov

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15BAC046</u>	FINAL DECISION AND ORDER ORDER # <u>0005145</u>
<u>Joyce Ward</u>	<u>Hair Force 1 - Standing Action Beauty Salon</u>
☒ Individual Credential Holder Name	☒ Establishment Name
License # <u>31499-81</u>	License # <u>40610-80</u>

1300 Grange Avenue Racine 53405
Street City Zip
Tuesday 5-10-16 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.

Thomas Bryant admitted to me he provided hair cutting services and received payment for approximately three years at the Grange Avenue location. Licensees may not assist or participate in the unauthorized or unlicensed practice of cosmetology, aesthetics, electrology or manicuring. Bryant's license was expired.

In violation of Section Cos 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
B. J. Investigator 5-27-16
Signature of Division Investigative Staff Title Date
[Signature] 8/20/16 ☐ 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 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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[Signature]
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