

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

4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: http://dsps.wi.gov

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>19 BAC 052</u>	FINAL DECISION AND ORDER ORDER # <u>ORDER 0007021</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>80798-71</u>

<u>259 NORTH 3RD AVENUE</u> Street	<u>STURGEON BAY</u> City	<u>54235</u> Zip
<u>WEDNESDAY</u> Day of Week	<u>Feb 19, 2020</u> Date	<u>10:50 am</u> Time

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

FANCI NAILS FAILED TO POST THE PRACTITIONER LICENSES FOR SUSAN TRAN AND TUAN DUONG, FAILED TO POST FANCI NAILS' ESTABLISHMENT LICENSE, AND FAILED TO POST A PROCEDURE FOR EXPOSURE TO BLOOD OR BODILY FLUIDS IN THE ESTABLISHMENT.

In violation of Section 454.06(7), Cos 3.01(13), Cos 4.05(2) of Wis. Stats. OR Wis. Adm. Code

Elizabeth L Bizot Investigator Date 09/10/2020
Signature of Division Investigative Staff Title

[Signature] Signature of Licensee OR Establishment Owner Date 09/16/2020

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, 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 reverse side of this form.

Al Rohmeyer DSPS Chief Legal Counsel, 10-7-2020
A Member of the Board Delegatee Date

#3053DLSC (02/20)
Ch.454, Stats.

Citation 1 of 4

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FANCI NAILS STORED CLEANING AND DISINFECTING EQUIPMENT IN AN UNSECURED LOCATION.

In violation of Section Cos 3.01(6) of Wis. Stats. OR Wis. Adm. Code
Elizabeth L Bizot Investigator 09/10/2020
Signature of Division Investigative Staff Title Date
[Signature] Licensee OR Establishment Owner 09/16/2020
Signature of _____ Date

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Al Robinson DSPS Chief Legal Counsel, 10-7-2020
A Member of the Board Delegate Date

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Citation 2 of 4

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

FANCI NAILS DID NOT STORE BRUSHES AND COTTON IN A COVERED CONTAINER.

In violation of Section Cos 4.02(4) of Wis. Stats. OR Wis. Adm. Code
 Signature of Elizabeth L. Bizot Investigator 09/10/2020
 Signature of [Signature] Title 09/16/2020
 Licensee OR Establishment Owner Date

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Al Rohmeyer DSPS Chief Legal Counsel, 10-7-2020
 A Member of the Board Delegate Date

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Day of Week	Date	Time

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FANCI NAILS FAILED TO DISINFECT REUSABLE MANICURING INSTRUMENTS AND KEEP DISINFECTANT IN A COVERED CONTAINER

In violation of	Section Cos 4.10(1) & 4.10(2) of	<input type="checkbox"/> Wis. Stats.	OR	<input checked="" type="checkbox"/> Wis. Adm. Code
<u>Elizabeth L Bizot</u>		Investigator		09/10/2020
Signature of Division Investigative Staff		Title		Date
<u>[Signature]</u>				<u>09/16/2020</u>
Signature of	<input type="checkbox"/> Licensee	OR	<input checked="" type="checkbox"/> Establishment Owner	Date

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