

## 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](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

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AUG 5 - 2021

## COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

LEGAL SERVICES & COMPLIANCE  
DEPT SAFETY & PROFESSIONAL SERVICES

DLSC CASE FILE # 19 BAC 031

FINAL DECISION AND ORDER  
ORDER #

ORDER 0007502

Kelly Nails

☐ Individual Credential Holder Name  
License #

☒ Establishment Name  
License # 5481-71 (Manicuring Establishment)

3183 Muirfield Road  
Street

Madison  
City

53719  
Zip

Wednesday  
Day of Week

Feb 26, 2020  
Date

9:30 am  
Time

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

Establishment does not have a current aesthetic establishment license while they perform waxing services.

In violation of Section COS 2.045(1)/3.01(1) of

☐ Wis. Stats.

OR

☒ Wis. Adm. Code

Signature of Division Investigative Staff

Investigator

03/15/2021

Title

Date

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 \$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, 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*  
A Member of the Board

DSPS Chief Legal Counsel, Date  
Delegate

8/9/2021

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

Citation 1 of 7

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## COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>19 BAC 031</u>	FINAL DECISION AND ORDER ORDER # <u><b>ORDER 0007502</b></u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>5481-71 (Manicuring Establishment)</u>

<u>3183 Muirfield Road</u>	<u>Madison</u>	<u>53719</u>
Street	City	Zip
<u>Wednesday</u>	<u>Feb 26, 2020</u>	<u>9:30 am</u>
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.

Kelly Nails failed to keep establishment in a clean, orderly, sanitary, and safe condition.

In violation of Section COS 3.01(4), (6), (10) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

Investigator 03/15/2021

Signature of Division Investigative Staff \_\_\_\_\_ Title \_\_\_\_\_ Date 8/2/21

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 \$200.00 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.

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Al Rehmeier 8/9/2021  
A Member of the Board DSPS Chief Legal Counsel, Date  
Delegated

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

Citation 2 of 7

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>19 BAC 031</u>	FINAL DECISION AND ORDER ORDER # <u><b>ORDER 0007502</b></u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>Kelly Nails</u> <u>5481-71 (Manicuring Establishment)</u>

<u>3183 Muirfield Road</u>	<u>Madison</u>	<u>53719</u>
Street	City	Zip
<u>Wednesday</u>	<u>Feb 26, 2020</u>	<u>9:30 am</u>
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.

Kelly Nails was dirty and unsanitary.

In violation of Section COS 4.01(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Investigator 03/15/2021  
Signature of Division Investigative Staff \_\_\_\_\_ Title \_\_\_\_\_ Date 8/3/21  
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 \$ 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.

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Al Rohmeyer 8/9/2021  
~~A Member of the Board~~ DSPS Chief Legal Counsel, Date  
Delegate

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

Citation 3 of 7

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DLSC CASE FILE # <u>19 BAC 031</u>	FINAL DECISION AND ORDER ORDER # <u>0007502</u> <u>Kelly Nails</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>5481-71 (Manicuring Establishment)</u>

<u>3183 Muirfield Road</u>	<u>Madison</u>	<u>53719</u>
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<u>Wednesday</u>	<u>Feb 26, 2020</u>	<u>9:30 am</u>
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.

Kelly Nails was dirty and unsanitary.

In violation of Section COS 401(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Investigator 03/15/2021  
Signature of Division Investigative Staff \_\_\_\_\_ Title \_\_\_\_\_ Date 8/3/21  
Signature of ☐ Licensee OR ☒ Establishment Owner \_\_\_\_\_ Date \_\_\_\_\_

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Al Rehman 8/9/2021  
A Member of the Board DSPS Chief Legal Counsel, Date  
Delegated

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Citation 3 of 7

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<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>5481-71 (Manicuring Establishment)</u>

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

Clean contact equipment was stored in open containers. Brushes by sink were in an open container. Clean towels were stored in an exposed area. Cotton swabs were in open containers. Wax strips and scissors were not covered.

In violation of Section COS 4.02(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Investigator 03/15/2021  
Signature of Division Investigative Staff \_\_\_\_\_ Title \_\_\_\_\_ Date 8/3/21  
Signature of ☐ Licensee OR ☒ Establishment Owner \_\_\_\_\_ Date \_\_\_\_\_

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Al Rohmeyer DSPS Chief Legal Counsel, 8/9/2021  
A Member of the Board Delegate Date

#3053DLSC (02/20)  
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Citation 4 of 7

Committed to Equal Opportunity in Employment and Licensing

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## COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>19 BAC 031</u>	FINAL DECISION AND ORDER ORDER # <u>ORDER 0007-02</u> Kelly Nails
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>5481-71 (Manicuring Establishment)</u>

<u>3183 Muirfield Road</u>	<u>Madison</u>	<u>53719</u>
Street	City	Zip
<u>Wednesday</u>	<u>Feb 26, 2020</u>	<u>9:30 am</u>
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.

Kelly Nails failed to properly disinfect reusable manicure instruments.

In violation of Section COS 4.10(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Investigator 03/15/2021  
Signature of Division Investigative Staff \_\_\_\_\_ Title \_\_\_\_\_ Date 8/3/21  
Signature of ☐ Licensee OR ☒ Establishment Owner \_\_\_\_\_ Date \_\_\_\_\_

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Al Rohmeyer 8/9/2021  
A Member of the Board DSPS Chief Legal Counsel Date  
Delegatee

#3053DLSC (02/20)  
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Citation 5 of 7

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## COSMETOLOGY EXAMINING BOARD

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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.

Kelly Nails failed to keep disinfectant used for decontamination in a covered container.

In violation of Section COS 4.10(2) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Investigator 03/15/2021  
Signature of Division Investigative Staff \_\_\_\_\_ Title \_\_\_\_\_ Date 8/3/21  
Signature of ☐ Licensee OR ☒ Establishment Owner \_\_\_\_\_ Date \_\_\_\_\_

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W. Rohmeyer DSPS Chief Legal Counsel 8/9/2021  
A Member of the Board Delegate Date

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Citation 6 of 7

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Street	City	Zip
<u>Wednesday</u>	<u>Feb 26, 2020</u>	<u>9:30 am</u>
Day of Week	Date	Time

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Kelly Nails failed to dispose of one-use manicure instruments.

In violation of Section COS 4.10(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Investigator 03/15/2021  
Signature of Division Investigative Staff \_\_\_\_\_ Title \_\_\_\_\_ Date 8/3/21  
Signature of ☐ Licensee OR ☒ Establishment Owner \_\_\_\_\_ Date \_\_\_\_\_

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