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Before the
State Of Wisconsin
Board of Nursing

In the Matter of the Disciplinary Proceedings
Against Francie A. Heaser, R.N., Respondent.

FINAL DECISION AND ORDER

Order No. ORDER0007880

Division of Legal Services and Compliance Case No. 21 NUR 182

The State of Wisconsin, Board of Nursing, having considered the above-captioned matter and having reviewed the record and the Proposed Decision of the Administrative Law Judge, make the following:

ORDER

NOW, THEREFORE, it is hereby ordered that the Proposed Decision annexed hereto, filed by the Administrative Law Judge, shall be and hereby is made and ordered the Final Decision of the State of Wisconsin, Board of Nursing.

The rights of a party aggrieved by this Decision to petition the department for rehearing and the petition for judicial review are set forth on the attached "Notice of Appeal Information."

Dated at Madison, Wisconsin on the 10th day of March, 2022.

Member
Board of Nursing

Before The
State of Wisconsin
DIVISION OF HEARINGS AND APPEALS

In the Matter of Disciplinary Proceedings Against Francie A. Heaser, R.N., Respondent	DHA Case No. SPS-21-0084 DLSC Case No. 21 NUR 182

PROPOSED DECISION AND ORDER

The parties to this proceeding for purposes of Wis. Stat. §§ 227.47(1) and 227.53 are:

Francie A. Heaser, R.N.

Byron, MN 55920

Wisconsin Board of Nursing
P.O. Box 8366
Madison, WI 53708-8366

Department of Safety and Professional Services,
Division of Legal Services and Compliance, by:

> Attorney Julie Zimmer
> Department of Safety and Professional Services
> Division of Legal Services and Compliance
> P.O. Box 7190
> Madison, WI 53707-7190

PROCEDURAL HISTORY

On October 29, 2021, the Department of Safety and Professional Services, Division of Legal Services and Compliance (Department), filed a Complaint against Respondent Francie A. Heaser, R.N., alleging the following grounds for discipline against her registered nurse license: (1) having a license to practice nursing suspended or limited in another state pursuant to Wis. Admin. Code § N 7.03(1)(b); (2) being unable to practice safely by reason of alcohol pursuant to Wis. Admin. Code § N 7.03(6)(f); and (3) failing to cooperate in a timely manner with the Board of Nursing's (Board) investigation pursuant to Wis. Admin. Code § N 7.03(1)(c).

The Department served the Notice of Hearing and Complaint upon Respondent by sending a copy to Respondent's address on file with the Department via certified and regular first-class mail. Wis. Admin. Code § SPS 2.08 and Wis. Stat. § 440.11(2).[1] On November 29, 2021, the U.S.

[1] The Department also emailed a copy to Respondent's email address on file with the Department.

Postal Service returned the Notice of Hearing and Complaint sent to Respondent via certified mail marked "Return to Sender, Not Deliverable as Addressed, Unable to Forward" to the Department. The copy sent to Respondent via regular, first-class mail was not returned.

Respondent was required to file an Answer within 20 days from the date of service of the Complaint. Wis. Admin. Code § SPS 2.09(4). No Answer was filed. Administrative Law Judge Andrea Brauer (ALJ) scheduled a telephone prehearing conference for December 7, 2021, at 9:30 a.m. Notice of the prehearing conference was sent to both parties via regular mail and email. The Notice instructed the Respondent to contact the ALJ no later than December 6, 2021, to provide her current telephone number. The Respondent's Notice was mailed to her address on file with the Department and was subsequently returned by the U.S. Postal Service marked "Moved left no address, Unable to forward, Return to sender." The Respondent did not contact the ALJ to provide a telephone number.

At the prehearing conference held on December 7, 2021, the Department provided the ALJ with the telephone number for Respondent it had on file. The ALJ attempted to call the Respondent at 9:30 and 9:45 a.m. but the Respondent did not answer, and an automated message indicated the telephone number was disconnected. The Department moved for default pursuant to Wis. Admin. Code §§ SPS 2.14 and HA 1.07(3)(c) based on the Respondent's failure to file an Answer to the Complaint and failure to appear at the prehearing telephone conference.

On December 10, 2021, the ALJ issued a Notice of Default against the Respondent and ordered the Department to file a recommended Proposed Decision and Order by January 19, 2022. The Department timely filed its recommended Proposed Decision and Order.

FINDINGS OF FACT

Facts As Alleged in the Complaint

1. Respondent Francie A. Heaser, R.N., is licensed in the state of Wisconsin as a registered nurse, having license number 254825-30, first issued on June 19, 2020, and current through February 28, 2022.

2. Respondent's most recent address on file with the Department is

3. On February 4, 2021, the Minnesota Board of Nursing issued a Stipulation and Consent Order suspending Respondent's Minnesota registered nurse license (number 2050333) for 12 months (Minnesota Order).[2]

4. The Minnesota Order allowed Respondent to petition for reinstatement after 12 months upon providing proof that she is fit to practice, is successfully participating in a substance use

[2] The Minnesota Order was attached to the Complaint as DSPS Exhibit 1.

disorder rehabilitation program, has abstained from mood-altering chemicals for at least 12 months, and has at least 12 months of stable mental health.

5. The Minnesota Order was based on the following stipulated facts:

   a) Respondent has a history of Driving While Impaired (DWI) convictions from 2002, 2006, and 2009, including one felony-level DWI.

   b) While Respondent was employed as a registered nurse at a healthcare facility in Rochester, Minnesota (Facility #1), the following occurred:

      i. Staff reported smelling alcohol on Respondent during a shift on March 6 and 7, 2019.

      ii. On March 7, 2019, Respondent resigned her employment.

   c) By letter dated May 22, 2019, the Minnesota Board of Nursing (Minnesota Board) referred Respondent to participate in the Health Professionals Services Program (HPSP). The referral was based on the Minnesota Board's receipt of allegations that Respondent may have practiced nursing under the influence of alcohol while working as a registered nurse at Facility #1.

   d) On May 28, 2019, Respondent contacted HPSP and on May 30, 2019, Respondent completed an intake interview. During the intake interview, Respondent disclosed the following:

      i. Respondent acknowledged she resigned from Facility #1. Respondent denied arriving for duty under the influence of alcohol. Respondent declined Facility #1's request to search her belongings because she had cigarettes in her possession which was against facility policy and could result in termination.

      ii. Respondent completed outpatient substance use disorder (SUD) treatment as a result of her alcohol use on two occasions, most recently in 2008 following her felony DWI. After completing treatment in 2008, Respondent remained sober for approximately one year before returning to use. Respondent identified May 25, 2019, as her last date of use. Respondent denied use of any other non-prescribed substances.

      iii. Respondent was diagnosed with depression and anxiety by her primary care provider. Respondent manages her mental health via prescription medications. All medications are prescribed by her primary care provider.

   e) On April 1, 2019, Respondent was hired as a registered nurse at an assisted living facility in Kasson, Minnesota (Facility #2).

f) On June 12, 2019, Respondent completed a substance use disorder assessment. Respondent was diagnosed with alcohol use disorder-moderate. The evaluator recommended Respondent abstain from all mood-altering chemicals, including alcohol, complete a chemical education class, continue to seek medical and mental health providers as needed, and consider entering into a psychotherapy program.

g) On July 26, 2019, HPSP received Respondent's signed Participation Agreement for monitoring of her substance use disorder and psychiatric disorder diagnoses. Pursuant to the terms of her Participation Agreement, Respondent was required to abstain from the use of alcohol, controlled substances, and any other mood-altering substances unless prescribed by her primary care provider, comply with HPSP Toxicology Instructions, and cause to be submitted quarterly reports from her worksite monitor.

h) On January 21, 2020, Respondent submitted a toxicology specimen that tested positive for alcohol. In a call with HPSP on February 3, 2020, Respondent admitted she consumed alcohol in violation of her Participation Agreement. Respondent reported to HPSP that she intended to withdraw from monitoring.

i) On February 3, 2020, HPSP was notified by Respondent's worksite monitor that Respondent had not submitted a toxicology specimen at Facility #2, her designated collection site, for approximately one month. Nevertheless, chain of custody forms received by HPSP from Respondent indicated Respondent submitted toxicology specimens at Facility #2 on December 17 and 23, 2019, and January 16, 2020, which called into question their legitimacy.

j) On February 3, 2020, Respondent was unsatisfactorily discharged from HPSP based on her request to withdraw from monitoring. HPSP also noted concern that Respondent falsified chain of custody forms.

k) On February 5, 2020, HPSP received an Affidavit of Correction from the individual identified as the "collector" on the chain of custody forms for screens submitted at Facility #2 on December 17 and 23, 2019, and January 16, 2020. The individual denied signing the chain of custody forms. Moreover, the individual reported that only one toxicology specimen submitted by Respondent was tested at Facility #2. The specimen Respondent submitted was not within the accepted temperature range and Facility #2 declined to continue to do further collections.

l) On February 10, 2020, Respondent's former worksite monitor at Facility[3] denied signing or submitting the Work Site Monitor Report Form submitted to HPSP on January 14, 2019.

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[3] The Facility was not further identified in the Minnesota Order.

m) In her written response and at the conference with the Minnesota Board's Review Panel, Respondent denied consuming alcohol or practicing under the influence of alcohol while employed at Facility #1. Respondent stated she has never ingested alcohol during or prior to any nursing shift. Respondent identified her sobriety date as April 9, 2020. Respondent would neither admit nor deny falsifying HPSP toxicology screen chain of custody forms and worksite monitor report forms that were submitted to HPSP pursuant to the terms of her Participation Agreement.

6. On June 15, 2021, the Department, on behalf of the Board, sent an email to Respondent at her email address on file requesting a response to the Minnesota Order. Respondent did not respond.

7. On August 9, 2021, the Department sent another email to Respondent requesting a response to the Minnesota Order. Respondent did not respond.

8. On August 23, 2021, the Department sent another email to Respondent requesting a response to the Minnesota Order. The Department also sent a letter to Respondent at her mailing address on file requesting a response to the Minnesota Order. Respondent did not respond. On September 2, 2021, the letter was returned by the U.S. Postal Service as undeliverable.

9. On August 23, 2021, a Department investigator called Respondent at her telephone number on file and left a voicemail message. Respondent called back and left a voicemail message indicating that her telephone was stolen but she could still check her voicemail messages. She left her work telephone number.

10. On September 9, 2021, a Department investigator called Respondent at her work telephone number at Gundersen Lutheran Behavioral Health in La Crosse, Wisconsin. The Department was informed that Respondent was no longer employed there. The investigator called Respondent at her telephone number on file but was unable to connect.

Facts Related to Default

11. On October 29, 2021, the Department served the Notice of Hearing and Complaint on Respondent at her last known address on file with the Department by both certified and regular first-class mail, pursuant to Wis. Admin. Code § SPS 2.08 and Wis. Stat. § 440.11(2). (Affidavit of Service ¶ 3(a) and (b)).

12. On November 29, 2021, the U.S. Postal Service returned the Notice of Hearing and Complaint sent to Respondent via certified mail marked "Return to Sender, Not Deliverable as Addressed, Unable to Forward" to the Department. The copy sent to Respondent via regular, first-class mail was not returned.

13. Respondent failed to file an Answer within 20 days from the date of service of the Complaint.

14. The ALJ scheduled a telephone prehearing conference for December 7, 2021, at 9:30 a.m. Notice of the prehearing conference was sent to both parties via regular mail and email. The Notice instructed Respondent to contact the ALJ no later than December 6, 2021, to provide her current telephone number. Respondent's Notice was mailed to her address on file with the Department and was subsequently returned by the U.S. Postal Service marked "Moved left no address, Unable to forward, Return to sender."

15. Respondent failed to contact the ALJ by December 6, 2021, with her current telephone number.

16. Respondent failed to appear at the prehearing conference on December 7, 2021. At the prehearing conference, the Department provided the ALJ with the telephone number for Respondent it had on file. The ALJ attempted to call Respondent at 9:30 a.m. and 9:45 a.m. but Respondent did not answer, and an automated message indicated the telephone number was disconnected. The Department then moved for default judgment based on Respondent's failure to file an Answer to the Complaint and failure to appear at the prehearing telephone conference, pursuant to Wis. Admin. Code §§ SPS 2.14 and HA 1.07(3)(c).

18. On December 10, 2021, the ALJ issued a Notice of Default finding the Respondent in default based on her failure to file an Answer to the Complaint and failure to appear for the prehearing conference. The ALJ also ordered the Department to file a recommended Proposed Decision and Order by January 19, 2022.

19. The Department timely filed its recommended Proposed Decision and Order.

DISCUSSION AND CONCLUSIONS OF LAW

Jurisdictional Authority

Pursuant to Wis. Admin. Code § SPS 2.10(2), the undersigned ALJ has authority to preside over this disciplinary proceeding in accordance with Wis. Stat. § 227.46(1). The Board has the authority to discipline the Respondent pursuant to Wis. Stat. § 441.07(1g).

Default

The Department properly served the Notice of Hearing and Complaint on the Respondent by mailing copies to her at her last known address. Wis. Stat. § 440.11(2) and Wis. Admin. Code § SPS 2.08(1). An Answer to a Complaint must be filed within 20 days from the date of service of the complaint. Wis. Admin. Code § 2.09(4). If a respondent "fails to answer as required by s. SPS 2.09 or fails to appear at the hearing at the time fixed therefor, the respondent is in default and the disciplinary authority may make findings and enter an order on the basis of the complaint and other evidence." Wis. Admin. Code § SPS 2.14.

For a telephone prehearing conference, the ALJ may find a failure to appear grounds for default if any of the following conditions exist for more than 10 minutes after the scheduled time

for prehearing conference: (1) the failure to provide a telephone number to the ALJ after it had been requested; (2) the failure to answer the telephone; (3) the failure to free the line for the proceeding; and (4) the failure to be ready to proceed with the prehearing conference as scheduled. Wis. Admin. Code § HA 1.07(3)(c).

Here, the Respondent failed to file an Answer to the Complaint within 20 days from the date of service, failed to appear at the prehearing telephone conference on December 7, 2021, failed to provide a telephone number to the ALJ after it had been requested, failed to answer the telephone when the ALJ called, and failed to be ready to proceed with the prehearing conference as scheduled. Therefore, the Respondent is in default. Findings may be made and an order may be entered based on the Complaint and other evidence.

Violations

Following an investigation and disciplinary hearing, if the Board determines that a nurse has committed "[o]ne or more violations of this subchapter or any rule adopted by the board under the authority of this subchapter" or has committed "[m]isconduct or unprofessional conduct," it may revoke, limit, or suspend her license, or reprimand her. Wis. Stat. § 441.07(1g)(b) and (d).

Wisconsin Administrative Code § N 7.03 sets out further grounds for taking disciplinary action against a nurse, including:

> (1) Noncompliance with federal, jurisdictional, or reporting requirements including any of the following:
>
> > . . .
> >
> > (b) Having a license to practice nursing or a nurse licensure compact privilege to practice denied, revoked, suspended, limited, or having the credential holder otherwise disciplined in another state, territory, or country. A certified copy of the record of the board is conclusive evidence of the final action.
> >
> > (c) After a request of the board, failing to cooperate in a timely manner with the board's investigation of a complaint filed against a license holder. There is a rebuttable presumption that a credential holder who takes longer than 30 days to respond to a request of the board has failed to cooperate in a timely manner.
>
> . . .
>
> (6) Unsafe practice or substandard care, including any of the following:
>
> > . . .
> >
> > (f) Unable to practice safely by reason of alcohol or other substance use.

Respondent violated Wis. Admin. Code § N 7.03(1)(b) by having her Minnesota license to practice nursing suspended. On February 4, 2021, the Minnesota Board issued a Stipulation and

Consent Order suspending Respondent's Minnesota registered nurse license for 12 months based on her history of alcohol use and non-compliance with her HPSP Participation Agreement.

Respondent violated Wis. Admin. Code § N 7.03(1)(c) by failing to cooperate in a timely manner with the Board's investigation of the complaint filed against her. On June 15, August 9, and August 23 2021, the Department sent an email to Respondent at her email address on file requesting her response to the Minnesota Order as part of its investigation into an open disciplinary case. On August 23, 2021, the Department sent a letter to Respondent at her mailing address on file requesting her response to Minnesota Order. The letter was returned by the U.S. Postal Service as undeliverable. On August 23, 2021, a Department investigator called Respondent at her telephone number on file and left a voicemail message. Respondent celled back and left a message with her work telephone number. On September 9, 2021, a Department investigator called the work telephone number but was informed that Respondent no longer worked there. The investigator called Respondent at her telephone number on file again but was unable to connect. Respondent failed to respond to the Department's attempts to contact her on behalf of the Board.

Finally, Respondent violated Wis. Admin. Code § N 7.03(6)(f) by being unable to practice safely by reason of alcohol. The Minnesota Order was based on stipulated facts, which show that Respondent has a history of alcohol abuse. While according to the Minnesota Board's investigation the Respondent has denied practicing under the influence of alcohol, the facts show that she resigned from her employment at a Minnesota healthcare facility on March 7, 2019, after staff reported smelling alcohol on her during a shift. She has also completed outpatient substance abuse disorder treatment on two occasions. On June 12, 2019, she completed a substance use disorder assessment and was diagnosed with alcohol use disorder-moderate. On January 21, 2020, six months after Respondent entered into a Participation Agreement with HPSP, she submitted a toxicology specimen that tested positive for alcohol. On February 3, 2020, Respondent was unsatisfactorily discharged from HPSP based on her request to withdraw and for concern that Respondent falsified chain of custody forms relating to toxicology specimens. Based on these facts, it is reasonable for the Board to conclude that the Respondent's history of alcohol abuse presents a risk to her nursing practice and therefore constitutes a violation of Wis. Admin. Code § N 7.03(6)(f).

By her actions, the Respondent has engaged in conduct, which constitutes grounds for discipline pursuant to Wis. Admin. Code § N 7.03 and Wis. Stat. § 441.07(1g)(b), (c), and (d).

Discipline

The Department recommends that the Respondent's license to practice as a registered nurse in the state of Wisconsin be suspended for 12 months. After that time, she may petition the Board for reinstatement by providing proof to the Board that she is in successful compliance with the Minnesota Order and her Minnesota license has been reinstated. The Board may determine whether to grant reinstatement and may impose any limitations or restrictions it deems necessary.

As identified in the Order below, I adopt the Department's recommendation except that I recommend also specifying that any limitations or restrictions, which may be imposed as a condition of reinstating the Respondent's license, must relate to the misconduct proven in this

matter and must serve the three purposes of discipline as outlined in *State v. Aldrich*. These additional requirements specify that future conditions imposed by the Board will be responsive to the violations, which have been proven in this matter.

The three purposes of discipline in a professional misconduct case are: (1) to promote the rehabilitation of the credential holder; (2) to protect the public from other instances of misconduct; and (3) to deter other credential holders from engaging in similar conduct. *State v. Aldrich*, 71 Wis. 2d 206, 209, 237 N.W.2d 689 (1976).

The recommended discipline is consistent with the purposes articulated in *Aldrich*. The stipulated facts underlying the Minnesota Order are very serious and demonstrate that the Respondent has a history of alcohol abuse that affects her nursing practice and the public. The Respondent also failed to cooperate with the Board's investigation when asked to respond to the Minnesota Order, thereby delaying the investigation and further putting the public at risk. The recommended discipline protects the public by suspending Respondent's Wisconsin nursing license for 12 months, a suspension identical to that issued in Minnesota where Respondent's conduct occurred, and only allowing reinstatement if the Board is assured she can practice safely. "Protection of the public is the purpose of requiring a license." *State ex rel. Green v. Clark*, 235 Wis. 628, 631, 294 N.W. 25 (1940).

The recommended discipline also promotes the Respondent's rehabilitation. After the 12-month suspension, she may petition the Board for reinstatement by providing proof that she has fully complied with the Minnesota Order and her Minnesota license has been reinstated. The Minnesota Order allows Respondent to petition for reinstatement upon providing proof that she is fit to practice nursing, is successfully participating in a substance use disorder rehabilitation program, has abstained from mood-altering chemicals for at least 12 months, and has at least 12 months of stable mental health. These conditions of reinstatement not only protect the public but also promote Respondent's rehabilitation. In addition, any future conditions or limitations imposed by the Board will relate to the misconduct proven in this matter.

The recommended discipline deters other credential holders from engaging in similar conduct. Respondent has shown a history of alcohol abuse, had her license suspended in another state, and failed to cooperate with the Board's investigation. Imposing anything less than a suspension would not deter other credential holders from engaging in similar conduct and could imply that such conduct by a licensee is tolerable.

The recommended discipline is consistent with Board precedent. *See In the Matter of Disciplinary Proceedings Against Jennifer C. Jondreau, R.N.*, Order Number 0006712 (March 12, 2020) (Respondent's nursing license was suspended indefinitely but could be stayed by petitioning the Board and providing proof she completed an AODA assessment, a fitness for practice evaluation, and ethics education after the Minnesota Board disciplined Respondent for failing to perform nursing with reasonable skill and safety by reason of use of alcohol or drugs);[4] *see also In the Matter of Disciplinary Proceedings Against Heidi A. Sahr, R.N.*, Order Number 0006657 (February 13, 2020) (Respondent's nursing license was suspended indefinitely but could be stayed

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[4] This decision is available online at: https://online.drl.wi.gov/decisions/2020/ORDER0006712-00016487.pdf.

by petitioning the Board and providing proof she was in compliance with drug treatment and monitoring requirements and work restrictions for at least 30 days after her Michigan nursing license was suspended for a substance abuse disorder).[5]

Based upon the facts of this case and the factors set forth in *Aldrich*, the discipline in the Order below is reasonable and warranted.

Costs

The Board is vested with discretion concerning whether to assess all or part of the costs of this proceeding against Respondent. *See* Wis. Stat. § 440.22(2). In exercising such discretion, the Board must look at aggravating and mitigating facts of the case. *Noesen v. State Department of Regulation & Licensing, Pharmacy Examining Board,* 2008 WI App 52, ¶¶ 30-32, 311 Wis. 2d. 237, 751 N.W.2d 385. In previous orders, Boards have considered the following factors when determining if all or part of the costs should be assessed against the Respondent: (1) the number of counts charged, contested and proven; (2) the nature and seriousness of the misconduct; (3) the level of discipline sought by the prosecutor; (4) the Respondent's cooperation with the disciplinary process; (5) prior discipline, if any; (6) the fact that the Department is a program revenue agency, funded by other licensees; and (7) any other relevant circumstances. *See In the Matter of Disciplinary Proceedings Against Elizabeth Buenzli-Fritz*, LS0802183CHI (Aug. 14, 2008). It is within the Board's discretion as to which of these factors to consider, whether other factors should be considered, and how much weight to give any factors considered.

In this case, it is appropriate for Respondent to pay the full costs of the investigation and of this proceeding. She is in default and has therefore admitted all of the factual allegations identified in the Complaint. Her nursing license has been suspended in another state, and she failed to cooperate with the Board's investigation or participate in this proceeding. She also failed to provide current contact information to the ALJ, failed to appear at the prehearing conference, and failed to file an Answer to the Complaint or otherwise provide any argument regarding the allegations brought against her license to practice as a registered nurse in Wisconsin. Finally, the Department is a program revenue agency whose operating costs are funded by the revenue received from credential holders. It would be unfair to impose the costs of pursuing discipline in this matter on those licensees who have not engaged in misconduct.

Therefore, it is appropriate for Respondent to pay the full costs of the investigation and this proceeding, as determined pursuant to Wis. Admin. Code § SPS 2.18.

ORDER

For the reasons set forth above, IT IS ORDERED that Respondent's license to practice as a registered nurse in the state of Wisconsin (license number 254825-30) is SUSPENDED for 12 months from the date of this Order.

[5] This decision is available online at: https://online.drl.wi.gov/decisions/2020/ORDER0006657-00016382.pdf.

IT IS FURTHER ORDERED that after 12 months from the date of this Order, Respondent may petition the Board for reinstatement of licensure by providing proof, which is determined by the Board or its designee to be sufficient, that Respondent is in successful compliance with the Minnesota Order and that the Minnesota Board of Nursing has reinstated her Minnesota registered nurse license. Any petition shall be submitted to the Department Monitor at the address below. The Board may determine whether to grant reinstatement of full licensure, limited licensure, and/or whether to impose any limitations or restrictions on Respondent's license. Any limitations or restrictions imposed by the Board must relate to the misconduct proven in this matter and must serve one of the following purposes: promoting the Respondent's rehabilitation, protecting the public from other instances of misconduct, or deterring other credential holders from engaging in similar conduct.

IT IS FURTHER ORDERED that Respondent shall pay all recoverable costs in this matter in an amount to be established, pursuant to Wis. Admin. Code § SPS 2.18. After the amount is established, payment shall be made by certified check or money order payable to the Wisconsin Department of Safety and Professional Services and sent to the address below:

Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190, Madison, WI 53707-7190
Telephone (608) 266-2112; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

Respondent may also submit this information online at: https://dspsmonitoring.wi.gov.

IT IS FURTHER ORDERED that the terms of the Order are effective the date the Final Decision and Order in this matter is signed by the Board.

Dated at Milwaukee, Wisconsin, on February 14, 2022.

STATE OF WISCONSIN
DIVISION OF HEARINGS AND APPEALS
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Madison, Wisconsin 53705
Tel. (414) 227-4027
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By: Andrea Brauer
Andrea Brauer,
Administrative Law Judge