

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/wscga>

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Wisconsin Department of Safety and Professional Services

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APR 4 - 2022

COSMETOLOGY EXAMINING BOARD

DIV LEGAL SERVICES & COMPLIANCE
DEPT SAFETY & PROFESSIONAL SERVICES

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>19 BAC 082</u>	FINAL DECISION AND ORDER ORDER # <u>ORDER 0007946</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>5746-71</u>

<u>2748 Heritage Drive</u>	<u>Delafield</u>	<u>53018</u>
Street	City	Zip
<u>Tuesday</u>	<u>Jul 27, 2021</u>	<u>10:05 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.

Cheri Nails advertised waxing services without an aestheticians or cosmetology establishment license.

In violation of	Section <u>Cos 2.05(1)</u> of	<input type="checkbox"/> Wis. Stats.	OR	<input checked="" type="checkbox"/> Wis. Adm. Code
<u>[Signature]</u>		Investigator		<u>02/17/2022</u>
Signature of Division Investigative Staff		Title		Date
		<u>Theresa M. Ryan</u>		<u>03/31/22</u>
Signature of	<input type="checkbox"/> Licensee	OR	<input checked="" type="checkbox"/> 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 \$ 100.00 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, 4-20-2022
A Member of the Board Delegate Date

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

Citation 1 of 7

Wisconsin Department of Safety and Professional Services

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>19 BAC 082</u>	FINAL DECISION AND ORDER ORDER # ORDER 0007946
	Cheri Nails
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>5746-71</u>

<u>2748 Heritage Drive</u>	<u>Delafield</u>	<u>53018</u>
Street	City	Zip
<u>Tuesday</u>	<u>Jul 27, 2021</u>	<u>10:05 am</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.

Cheri Nails stored cleaning and disinfecting equipment in an unsecured location.

In violation of	Section <u>Cos 3.01(6)</u>	of	<input type="checkbox"/> Wis. Stats.	OR	<input checked="" type="checkbox"/> Wis. Adm. Code
<u>[Signature]</u>			Investigator		<u>02/17/2022</u>
Signature of Division Investigative Staff			Title		Date
			<u>[Signature]</u>		<u>03/31/22</u>
Signature of	<input type="checkbox"/> Licensee	OR	<input checked="" type="checkbox"/> Establishment Owner		Date

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[Signature] 4-20-2022
A Member of the Board DSPS Chief Legal Counsel, Date
Delegatee

#3053DLSC (02/20)
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Citation 2 of 7

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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>19 BAC 082</u>	FINAL DECISION ORDER # ORDER 0007946
<input type="checkbox"/> Individual Credential Holder Name	<input checked="" type="checkbox"/> Establishment Name
License # _____	License # <u>5746-71</u>

<u>2748 Heritage Drive</u>	<u>Delafield</u>	<u>53018</u>
Street	City	Zip
<u>Tuesday</u>	<u>Jul 27, 2021</u>	<u>10:05 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.

Cheri Nails failed to dispose of emery boards and buffer blocks after each use.

In violation of	Section <u>Cos 4.01(3r)</u> of	<input type="checkbox"/> Ws. Stats.	OR	<input checked="" type="checkbox"/> Ws. Adm. Code
<u>[Signature]</u>		Investigator		<u>02/17/2022</u>
Signature of Division Investigative Staff		Title		Date
		<u>[Signature]</u>		<u>03/31/22</u>
Signature of	<input type="checkbox"/> Licensee	OR	<input checked="" type="checkbox"/> Establishment Owner	Date

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[Signature] DSPS Chief Legal Counsel,
A Member of the Board Delegate

4-20-2022
Date

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Citation 3 of 7

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 19 BAC 082

FINAL DECISION AND ORDER

ORDER # **ORDER 0007946**

Cheri Nails

☐ Individual Credential Holder Name
License # _____

☒ Establishment Name
License # 5746-71

<u>2748 Heritage Drive</u>	<u>Delafield</u>	<u>53018</u>
Street	City	Zip
<u>Tuesday</u>	<u>Jul 27, 2021</u>	<u>10:05 am</u>
Day of Week	Date	Time

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Cheri Nails failed to keep semi-solid substances in a container that would prevent contamination of the unused portion of that substance.

In violation of	Section <u>Cos 4.01(4)</u>	of	<input type="checkbox"/> Wis. Stats.	OR	<input checked="" type="checkbox"/> Wis. Adm. Code
<u>Traci Galske</u>			Investigator		<u>02/17/2022</u>
Signature of Division Investigative Staff			Title		Date
<u>Traci Galske</u>			<u>Traci Galske</u>		<u>03/31/22</u>
Signature of	<input type="checkbox"/> Licensee	OR	<input checked="" type="checkbox"/> Establishment Owner		Date

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A. R. Romney
A Member of the Board
DPS Chief Legal Counsel,
Delegatee

4-20-2022
Date

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Citation 4 of 7

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>19 BAC 082</u>	FINAL DECISION ORDER # ORDER 0007946
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>5746-71</u>

<u>2748 Heritage Drive</u>	<u>Delafield</u>	<u>53018</u>
Street	City	Zip
<u>Tuesday</u>	<u>Jul 27, 2021</u>	<u>10:05 am</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.

Cheri Nails did not store buffer blocks and nail brushes in a covered container.

In violation of Section Cos 4.02(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] Investigator 02/17/2022
Signature of Division Investigative Staff Title Date
[Signature] Cheri Nails 03/31/22
Signature of ☐ Licensee OR ☒ Establishment Owner Date

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[Signature] DSPS Chief Legal Counsel, 4-20-2022
A Member of the Board Delegate Date

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Citation 5 of 7

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Safety and Professional Services

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<u>Tuesday</u>	<u>Jul 27, 2021</u>	<u>10:05 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.

Cheri Nails did not keep Barbicide in a covered container.

In violation of Section Cos 4.02(5) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] Investigator 02/17/2022
Signature of Division Investigative Staff Title Date
[Signature] 03/31/22
Signature of ☐ Licensee OR ☒ Establishment Owner Date

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Al Rohme DSPS Chief Legal Counsel, 4-20-2022
A Member of the Board Delegate Date

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Citation 6 of 7

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

Cheri Nails failed to post the procedure for blood or bodily fluid exposure in the establishment.

In violation of	Section <u>Cos 4.05(2)</u> of	<input type="checkbox"/> Wis. Stats.	OR	<input checked="" type="checkbox"/> Wis. Adm. Code
<u>[Signature]</u>		Investigator		Date <u>02/17/2022</u>
Signature of Division Investigative Staff		Title		Date
Signature of	<input type="checkbox"/> Licensee	OR	<input checked="" type="checkbox"/> Establishment Owner	Date <u>03/31/22</u>

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