**STATE OF CONNECTICUT**
**DEPARTMENT OF PUBLIC HEALTH**
**BUREAU OF REGULATORY SERVICES**

In re: MaryJo Greco Petition No. 99IIII-020-034

## PRELICENSURE CONSENT ORDER

WHEREAS, MaryJo Greco of East Haven, Connecticut (hereinafter "respondent") has applied for licensure to practice as a hairdresser/cosmetician by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 387 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice the occupation of hairdressing/cosmetology under the General Statutes of Connecticut, Chapter 387.
2. Between 1990 and 1996, respondent was found guilty of multiple felony charges, including possession of narcotics and larceny in the third degree.
3. Between 1990 and 1997, respondent was found guilty of multiple misdemeanors, including Larceny in the fourth degree, larceny in the fifth degree, larceny in the sixth degree, failure to appear, drug paraphernalia, and criminal impersonation
4. Between 1990 and 1996, respondent abused or excessively used drugs.
5. The conduct described above constitutes grounds for the denial of respondent's application for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives the right to a hearing on the merits of her application for licensure.

2. After satisfying the requirements for licensure as a hairdresser/cosmetician as set forth in Chapter 387 of the General Statutes of Connecticut, respondent's license to practice as a hairdresser/cosmetician will be issued.

3. Respondent's license to practice as a hairdresser/cosmetician in the State of Connecticut shall, immediately upon issuance, be placed on probation for two years under the following terms and conditions:

   a) Respondent shall refrain from the ingestion of alcohol in any form and the ingestion, inhalation, injection or other use of any controlled substance and/or legend drug unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. In the event a medical condition arises requiring treatment utilizing controlled substances, legend drugs, or alcohol in any form, respondent shall notify the Department and, upon request, provide such written documentation of the treatment as is deemed necessary by the Department.

      i) During the first year of the probationary period, respondent shall submit to monthly random observed urine screens for alcohol, controlled substances, and legend drugs; during the second year, she shall submit to such screens on a quarterly basis. Respondent shall submit to such screens on a more frequent basis if requested to do so by the Department. Said screens shall be administered by a facility approved by the Department. All such random screens shall be legally defensible in that the specimen donor and chain of custody shall be identified throughout the screening process. All

laboratory reports shall state that the chain of custody procedure has been followed.

ii) Respondent shall cause to have the facility provide monthly reports to the Department on the urine screens for alcohol, controlled substances and legend drugs. All such screens shall be negative for alcohol, controlled substances, and legend drugs, except for medications prescribed by respondent's physician. If respondent has a positive urine screen, the facility shall immediately notify the Department. All positive random drug and alcohol screens shall be confirmed by gas chromatograph/mass spectrometer testing.

iii) Respondent understands and agrees that if she fails to submit a urine sample when requested by her monitor, such missed screen shall be deemed a positive screen.

iv) Respondent shall notify each of her health care professionals of all medications prescribed for her by any and all other health care professionals.

v) Respondent is hereby advised that the ingestion of poppy seeds and mouthwash has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, and mouthwash during the term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or

alcohol, respondent agrees that the ingestion of poppy seeds and/or mouthwash shall not constitute a defense to such a screen.

b) Respondent shall attend "anonymous" or support group meetings on an average of eight times per month, and shall provide monthly reports to the Department concerning her record of attendance.

c) During the period of probation, respondent shall report to the Department any subsequent arrest(s). Such report shall occur within fifteen (15) days of such event.

d) Respondent shall provide her employer and/or designated supervisor at each place where respondent practices as a hairdresser/cosmetician throughout the probationary period with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at a new facility. Respondent agrees to provide reports from such employer on a quarterly basis for the entire probationary period, stating that respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state. If respondent is not practicing with reasonable skill and safety and/or in an alcohol and substance-free state, the employer or designated supervisor shall immediately notify the Department.

4. Respondent shall comply with all state and federal statutes and regulations applicable to her license.

5. Respondent shall notify the Department of any change(s) of her employment within fifteen (15) days of such change.

6. Respondent shall notify the Department of any changes in her home and/or business address within fifteen (15) days of such change.

7. Any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's hairdresser/cosmetician license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the recision of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.

8. That correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

Richard Goldman, Special Investigator
Department of Public Health
Division of Health Systems Regulation
Capitol Avenue, MS #12HSR
Box 340308
Hartford, Connecticut 06134-0308

9. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.

10. Respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Examining Board for Barbers, Hairdressers & Cosmeticians in which (1) her compliance

with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-263 of the Connecticut General Statutes, as amended, is at issue.

11. This Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.

12. This Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.

13. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.

14. Respondent understands this Prelicensure Consent Order is a matter of public record.

15. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

I, MaryJo Greco have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

MaryJo Greco

Subscribed and sworn to before me this 19th day of October 1999.

Notary Public or person authorized by law to administer an oath or affirmation

My Commission Expires November 30, 2002

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 26th day of October 1999, it is hereby ordered and accepted.

Kathleen Zarrella, Director
Division of Health Systems Regulation

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# STATE OF CONNECTICUT

**DEPARTMENT OF PUBLIC HEALTH**

CERTIFIED MAIL RETURN RECEIPT REQUESTED
Z 320 231 421

October 28, 1999

MaryJo Greco
14 Philip Street
East Haven, CT 06512

Dear Ms. Greco:

On behalf of the Department of Public Health, I want to congratulate you upon the successful completion of all requirements for licensure as a hairdresser/cosmetician in the State of Connecticut.

Connecticut license number 050015 has been issued to you, effective the date of this letter. You are eligible to begin the practice of hairdressing/cosmetology as of this date.

Also, enclosed is a copy of the fully executed Consent Order in accordance with which your license is being issued. The Consent Order is effective as of the date of licensure noted above.

You will receive your license in about eight (8) weeks, at the address shown above. Full instructions regarding future renewal will also be enclosed.

It is your responsibility to notify the Department of Public Health, in writing of any future changes of name and/or address. Such notification to the Department is required by law, and failure to provide same will jeopardize the status of your license.

*Phone:* (860) 509-7569
*Telephone Device for the Deaf (860) 509-7191*
*410 Capitol Avenue - MS #* 12APP
*P.O. Box 340308 Hartford, CT 06134*
*An Equal Opportunity Employer*

Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure that you renew your license in a timely manner each year in the month of your birth.

If you have any questions, please do not hesitate to contact this office at (860) 509-7569.

Respectfully,

Jennifer L Filippone
Health Program Supervisor
Division of Health Systems Regulation

cc: Debra Tomassone, PHSM
Kathleen Boulware, SNC
Richard Goldman, PS II
Stanley Peck, Dir., LO
Donna Brewer, Dir., PHHO

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