STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES

In re: Graylyn J. Tomalczyk Petition No. 2001-0829-000-079

PRELICENSURE CONSENT ORDER

WHEREAS, Graylyn J. Tomalczyk of Niantic (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 under the General Statutes of Connecticut, Chapter 387.
2. Between September 12, 1994 and October 18, 1994, respondent committed numerous crimes including, but not limited to, multiple counts of Robbery, Conspiracy to Commit Robbery, Burglary, Possession of Narcotics, Reckless Endangerment, Assault of a Victim Sixty or Older and Forgery, all of which constitute felonies under the laws of this state.
3. During this period of time, respondent abused or excessively used drugs, including heroin.
4. 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 three 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.

      (1) During the first year of the probationary period, respondent shall, at her own expense, submit to monthly random observed urine screens for alcohol, controlled substances, and legend drugs, in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as "Attachment A: Department Requirements for Drug and Alcohol Screens". During the remainder of the probationary period, she shall submit to such screens on a random 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.

(2) Respondent shall cause to have the testing laboratory 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.

(3) 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.

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

(5) 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 Prelicensure 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) During the probationary period, respondent shall attend "anonymous" or support group meetings on an average of eight (8) times per month, and shall provide monthly reports to the Department concerning her record of attendance.

c) During the probationary period, respondent shall report to the Department any subsequent arrest(s) under the provisions of Connecticut General Statutes §14-227a. Such report(s) 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 Prelicensure Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at a new facility. Said employer and/or supervisor shall furnish written confirmation to the Department of his/her receipt of this Prelicensure Consent Order within thirty (30) days post employment of the respondent. Respondent agrees to provide reports from such employer or designated supervisor 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.

e) Respondent shall notify the Department within fifteen (15) days of her release from York Correctional Institute.

f) If released from York Correctional Institute on probation or parole, respondent shall provide a copy of this Prelicensure Consent Order to her probation/parole officer. Said probation/parole officer shall furnish written confirmation to the Department of his/her receipt of a copy of this Prelicensure Consent Order within fifteen (15) days of respondent's release from York Correctional Institute. Said probation/parole officer

shall notify the Department immediately if respondent falls out of compliance with the terms of probation/parole or if respondent is subject to subsequent arrest(s).

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) in her employment within fifteen (15) days of such change.

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

7. Any deviation from the terms of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any terms of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's hairdressing/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
410 Capitol Avenue, MS #12HSR
P.O. 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, Graylyn J. Tomalczyk, 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.

Graylyn J. Tomalczyk

Graylyn J. Tomalczyk

Subscribed and sworn to before me this 23rd day of JULY 2002.

JOAN M. ARONSON

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

My Commission Expires 2/28/07

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 20th day of August 2002, it is hereby ordered and accepted.

~~Wendy Furniss, RNC, MS~~
~~Public Health Services Manager~~
~~Division of~~ Health Systems Regulation
Stanley K. Peck
Director, Legal Offic

Petition Number 2001-0829-000-079
plco/jc

Attachment A

DEPARTMENT REQUIREMENTS FOR DRUG AND ALCOHOL SCREENS

Respondent: _____ **Petition No.** _____

Screening Monitor Information:

Name: _____

Address: _____

_____

_____

Phone: _____ FAX: _____

1. Each screen must test for the following substances: alcohol (breathalyzer tests are not acceptable), amphetamines, barbiturates, benzodiazepines, cannabinoids (THC metabolites), cocaine, meperidine, opiates, methadone, phencyclidine (PCP), propoxyphene, Stadol, hydrocodone, hydromorphone, and oxycodone. Additional substances such as Fentanyl and Sufentanil may also be required. Partial screens will not be accepted.

2. **Urine collections must be directly observed.** The urine monitor must be in the room with the respondent and directly observe the collection of the specimen by the respondent.

3. The frequency of screens is as follows: _____

4. Collections must be **random.** There must be no pre-arrangement between the respondent's therapist, the respondent, the urine monitor, and/or the lab in scheduling drug and alcohol screens. There must be no pattern of times, dates, or identifiable sequence (i.e. every Monday or alternating Wednesdays). The specimen collection shall not be done on the same day as a therapy session. Screening will be done on weekends and holidays if possible and/or if required. Special arrangements will be made for periods of vacation (see #6, below).

5. Specimens will be collected as follows: the screening monitor (pre-approved by the Department) will call the respondent for collections. The respondent shall provide the monitor with her home and business phone numbers and carry a beeper if necessary. The monitor must speak directly with the respondent; the monitor may not leave a message on an answering machine. **The respondent must appear for specimen collections within 2 - 5 hours of the screening monitor's call. In the event the respondent does not show up for a collection, or arrives late, the urine monitor is to notify this Department immediately. A MISSED SCREEN IS CONSIDERED A POSITIVE SCREEN.**

6. Respondent will notify the screening monitor and the Department at least two weeks prior to scheduled vacations. Screens will be collected prior to and following periods of vacation.

7. Specimens are to be handled in such a manner as to maintain Chain of Custody. Chain of Custody documentation must accompany all laboratory reports and/or the laboratory reports shall indicate that the Chain of Custody procedure has been followed. Respondent must document all medications s/he is taking on each Chain of Custody form. **The *respondent* is responsible for Chain of Custody documentation being completed properly. In the event Chain of Custody is incomplete, the respondent may be called for a repeat screen.**

8. All positive results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing method.

9. Screens must be conducted at one of the following labs:

Clinical Laboratory Partners (formerly Hartford Medical Laboratories)
Attn: Deborah Davis
129 East Cedar Street
Newington, CT 06111
(860) 696-8317

or

Bendiner & Schlesinger, Inc.
Attn: Mr. Francis Hartigan
47 Third Avenue at 10th Street
New York, N.Y. 10003
(212) 353-5108

Respondent must obtain Department-approval for any lab s/he chooses to use other than Clinical Laboratory Partners or Bendiner & Schlesinger. The proposed lab must be capable of conducting forensic screens and testing for each of the substances set forth in paragraph 1 of these Guidelines.

10. **POSITIVE SCREENS MUST BE REPORTED TO THE DEPARTMENT IMMEDIATELY,** by calling Bonnie Pinkerton at (860) 509-7400, and by fax sent to (860) 509-7650. Written documentation/confirmation of any positive screen must be received by the Department within 3 days of the screening monitor's notification of such.

11. Correspondence and lab reports should be sent to the attention of:

Bonnie Pinkerton
Department of Public Health
410 Capitol Avenue, #12 H.S.R.
P.O. Box 340308
Hartford, Connecticut 06134

ALCOHOL/DRUG SCREENS AND REPORTS NOT CONFORMING TO THESE GUIDELINES WILL NOT BE CONSIDERED ACCEPTABLE FOR PROBATIONARY/REHABILITATION PURPOSES.

All screening monitors and alternates must sign below acknowledging their receipt of these Guidelines and indicating their agreement to conduct screens accordingly.

Signature:_____ Signature:_____

Print name:_____ Print name:_____

Date:_____ Date:_____

Signature:_____ Signature:_____

Print name:_____ Print name:_____

Date:_____ Date:_____

Please fax the signed signature page to (860) 509-8368.

Department Requirements for Drug and Alcohol Screens

Re: _____

Pet. No._____

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
CERTIFIED MAIL RETURN RECEIPT REQUESTED
7099 3400 0018 2731 0976

August 23, 2002

Graylyn J. Tomalczyk
York Correctional Institute
201 West Main Street
Niantic, CT 06357

Dear Ms. Tomalczyk:

This is to advise you that you have completed all requirements for Connecticut hairdresser/cosmetician licensure. License number 051875 has been issued effective August 22, 2002.

Enclosed is a copy of the fully executed Prelicensure Consent Order in accordance with which your license is being granted. The Prelicensure Consent Order takes effect as of the date of this letter.

You will receive your license in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will be enclosed. 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 to renew your license in a timely manner each year in the month of your birth.

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.

If you have any questions, please do not hesitate to contact this office at 860-509-7590.

Sincerely,

Stephen B. Carragher

Stephen B. Carragher
Health Program Supervisor
Division of Health Systems Regulation

cc: ✓Jennifer Filippone, Public Health Services Manager
Stanley Peck, Director, Legal Office
Donna Brewer, Director, Public Health Hearing Office
Bonnie Pinkerton, Supervising Nurse Consultant

SBC/jc
Petition Number: 2001-0829-000-079

Phone:
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # _____
P.O. Box 340308 Hartford, CT 06134
Affirmative Action / Equal Employment Opportunity Employer