

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS**

In re: Darnita K. Bailey

Petition No. 2004-0202-000-003

PRELICENSURE CONSENT ORDER

WHEREAS, Darnita K. Bailey of New Haven (hereinafter "respondent") has applied for licensure to practice as a Hairdresser and Cosmetologist 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 and Cosmetology under the General Statutes of Connecticut, Chapter 387.
2. Respondent was working as a Hairdresser and Cosmetologist at Veroniques Salon and Cosmetics Spa. Respondent worked at that location from November of 2002 to present without having obtained a CT Hairdresser and Cosmetology license.
3. 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.

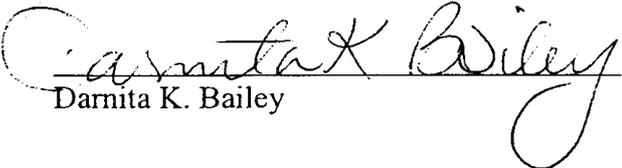
NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

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 and Cosmetician as set forth in Chapter 387 of the General Statutes of Connecticut, respondent's license to practice as a Hairdresser and Cosmetician will be issued.

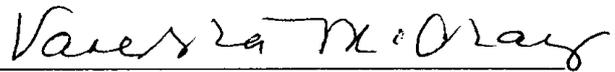
3. Respondent's license to practice as a Hairdresser and Cosmetician in the State of Connecticut shall, immediately upon issuance be subject to the following conditions:
 - a. Respondent shall pay a civil penalty of two-hundred dollars (\$200.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check. Said civil penalty shall be payable at the time respondent submits this executed Reinstatement Consent Order to the Department.
 - b. Immediately upon issuance, respondent's license shall be reprimanded.
4. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
5. Respondent shall comply with all state and federal statutes and regulations applicable to her license.
6. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
7. Respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.
8. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.
9. 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.

10. 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.
11. 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.
12. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
13. Respondent understands this Prelicensure Consent Order is a matter of public record.
14. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

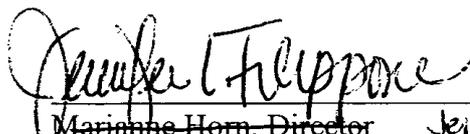
I, Darnita K. Bailey have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.


Darnita K. Bailey

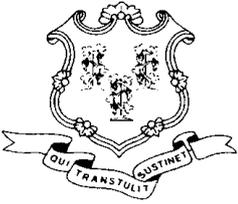
Subscribed and sworn to before me this 17 day of March 2004.


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

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 24th day of March 2004, it is hereby ordered and accepted.


~~Marianne Horn, Director~~ Jennifer Filippone, PHSM
Division of Health Systems Regulation Office of Practitioner
Bureau of Healthcare Systems Licensing and Certification

s/skp/casesplcobailey



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
CERTIFIED MAIL RETURN RECEIPT REQUESTED

March 29, 2004

Darnita K. Bailey
499 Sherman Pkwy.
New Haven, CT 06511

Dear Ms. Bailey:

This is to advise you that you have completed all requirements for Connecticut hairdresser/cosmetician licensure. License number 053271 has been issued effective March 24, 2004.

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 immediately.

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 every two years 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
Health Program Supervisor
Office of Practitioner Licensing and Certification

cc: Jennifer Filippone, Public Health Services Manager
Donna Brewer, Director, Public Health Hearing Office
Stanley Peck, Director, Legal Office

SBC/dl
Petition Number: 2004-0202-000-003



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