

# Inspection Report

South Dakota Cosmetology Commission  
217 W. Missouri Ave. Pierre, SD 57501  
605-773-6193 cosmetology@state.sd.us

A. SALON OR BOOTH NAME: Hollywood Styles of Sioux Falls  
ADDRESS: 3301 E 26 CITY: Sioux Falls  
OWNER NAME: Lynn Bates TELEPHONE NUMBER: 605-336-8910  
SALON or BOOTH LICENSE NUMBER: CS - 08450-23 EXPIRATION DATE: 4-1-23

B. TYPE OF SALON: 1. Salon ☒ 2. Cosmetology (all) ☒ 3. New ☐  
Booth Rental ☒ Hair ☒ Routine ☐  
Home Esthetics ☐ Re-Inspection ☐  
Limited Nails ☐ Investigation ☐  
Other ☐

## C. List of Personal Licensees (first & last)

<u>Allison Stomper</u>	Lic # <u>CO - 09098-23</u>	Expires: <u>9-29-23</u>
<u>Marissa Nicole Olson</u>	Lic # <u>CO - 15177-22</u>	Expires: <u>11-10-22</u>
<u>Kristen Marts</u>	Lic # <u>CO - 08954-22</u>	Expires: <u>11-5-22</u>
<u>Angelica White</u>	Lic # <u>CO - 15017-23</u>	Expires: <u>4-11-23</u>
<u>Heidi Hansen</u>	Lic # <u>CO - 05403-23</u>	Expires: <u>4-3-23</u>
<u>Sonia Seely</u>	Lic # <u>CO - 13113-23</u>	Expires: <u>4-16-23</u>
<u>Jessica Habi</u>	Lic # <u>CO - 07571-22</u>	Expires: <u>12-5-22</u>
<u>Samantha Spaulon</u>	Lic # <u>CO - 11188-23</u>	Expires: <u>7-5-23</u>

Use additional sheet if more space is needed.

D. During all working hours. YES is satisfactory NO is NOT satisfactory SDCL 36-15 ARSD 20:42

- YES ☒ NO ☐ 1. Current Licenses: Rules/Regulations, Unregulated Services Sign – Displayed \_\_\_\_\_  
YES ☒ NO ☐ 2. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged \_\_\_\_\_  
YES ☒ NO ☐ 3. First Aid Kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures \_\_\_\_\_  
YES ☒ NO ☐ 4. Certified for Microdermabrasion and/or Electric Nail Files and/or Eyelash Extensions \_\_\_\_\_  
YES ☒ NO ☐ 5. Disinfectant available at each workstation and includes manufacturer label Some Clippicide cans empty  
YES ☒ NO ☐ 6. Disinfectant meets virucidal, fungicidal, and bactericidal requirements do have extra to replace  
YES ☒ NO ☐ 7. Disinfectant Container labeled, closed and large enough to completely immerse all implements \_\_\_\_\_  
YES ☒ NO ☐ 8. Disinfectant (if mixed) fresh, clean, and free from contaminants \_\_\_\_\_  
YES ☒ NO ☐ 9. Pedicure Spa and tools clean and disinfected immediately after each use \_\_\_\_\_  
YES ☒ NO ☐ 10. Prohibited Tools (20:42:04:04:03) \_\_\_\_\_  
YES ☒ NO ☐ 11. Floors, walls, ceilings, fixtures, vents clean and in good repair \_\_\_\_\_  
YES ☒ NO ☐ 12. Plumbing, hot/cold running water and central sewage system \_\_\_\_\_  
YES ☒ NO ☐ 13. Electrical, appliance cords and outlets safe and in good repair \_\_\_\_\_  
YES ☒ NO ☐ 14. Ventilation in work area \_\_\_\_\_  
YES ☒ NO ☐ 15. Restroom, clean with disposable towels, liquid soap \_\_\_\_\_  
YES ☒ NO ☐ 16. Storage cabinet or room for harmful supplies \_\_\_\_\_  
YES ☒ NO ☐ 17. Hair workstations immediately clean and disinfected after each use tools left out hair containers, cases, drawers  
YES ☒ NO ☐ 18. Nail workstations immediately clean and disinfected after each use \_\_\_\_\_  
YES ☒ NO ☐ 19. Esthetics workstations immediately clean and disinfected after each use eyelash room - all containers left out no lid - cups  
YES ☒ NO ☐ 20. Waste containers closed, labeled and emptied when full or at least daily etc left out - labels  
YES ☒ NO ☐ 21. Sinks clean and disinfected immediately after each use, no hair or soap scum \_\_\_\_\_  
YES ☒ NO ☐ 22. Hand sanitizer or hand-washing facilities available for use \_\_\_\_\_  
YES ☒ NO ☐ 23. Clean closed labeled containers to store only cleaned and disinfected implements and tools 3-4 stations at least  
YES ☒ NO ☐ 24. Clean closed labeled containers to store only clean towels no labels - or just putting in drawer  
YES ☒ NO ☐ 25. Closed, labeled containers for soiled towels, linens, implements \_\_\_\_\_  
YES ☒ NO ☐ 26. Hair tools new and/or clean and disinfected hair in brushes, on shears  
YES ☒ NO ☐ 27. Wigs covering used to prevent direct contact of client's scalp or hair \_\_\_\_\_  
YES ☒ NO ☐ 28. Clean cape used on each client or clean towel or neck strip if reusing a cape \_\_\_\_\_  
YES ☒ NO ☐ 29. Nail tools new and/or clean and disinfected \_\_\_\_\_  
YES ☒ NO ☐ 30. Esthetics tools new and/or clean and disinfected \_\_\_\_\_  
YES ☒ NO ☐ 31. All single-use items immediately disposed in trash after each use \_\_\_\_\_  
YES ☒ NO ☐ 32. All products are clean, closed, and labeled correctly, includes wax panaflex wax tray  
YES ☒ NO ☐ 33. Fluids, semifluid's, creams, and powders kept in clean, closed, labeled containers \_\_\_\_\_  
YES ☒ NO ☐ 34. Items listed in 30. dispensed with a disinfected spatula, shaker, pump, spray dispenser or single-use item \_\_\_\_\_  
YES ☒ NO ☐ 35. Equipment for waxing hair removal services kept clean and disinfected \_\_\_\_\_  
YES ☒ NO ☐ 36. Electrical equipment clean and disinfected after each service (electric clippers, electric files or curling irons) clippers have guard or  
YES ☒ NO ☐ 37. Attachments for electrical equipment clean and disinfected and stored in a clean, closed labeled container separate from clippers learned beauty school  
YES ☒ NO ☐ 38. Home Salons – separate exit – separate from residential area \_\_\_\_\_  
YES ☒ NO ☐ 39. Other laws and/or rules that apply (list) \_\_\_\_\_

## E. Comments:

F. Date: Nov 1 - 22 Time: 10:00  
Signature: Dewah Jensen Inspector signature: Mary Rasmussen  
Licensee reviewed inspection report with Inspector YES ☒ NO (if "no" why not) \_\_\_\_\_

RECHECK \_\_\_\_\_ (FAIL) yellow - Nov 10 PASS \_\_\_\_\_



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**A.**  
SALON OR BOOTH NAME: Hollywood Styles of Sioux Falls  
ADDRESS: 3301 E 24<sup>th</sup> CITY: Sioux Falls  
OWNER NAME: Irish Balto TELEPHONE NUMBER: 605-336-8910  
SALON or BOOTH LICENSE NUMBER: CS-08456-23 EXPIRATION DATE: 4-1-23

**B. TYPE OF SALON:**

1. <u>Salon</u>	Booth Rental	Home	Limited	
2. Cosmetology (all)	Hair	Esthetics	Nails	Other _____
TYPE OF INSPECTION:	3. New	Routine	Re-Inspection	Investigation

**C. List of Personal Licensees (first & last)**

McKenzie Hughes	Lic #	CO - 14683 - 23	Expires:	8-11-23
Repet Kurkenbach	Lic #	CO - 14823 - 23	Expires:	5-28-23
Mapleton Ann Halar	Lic #	CO - 11122 - 23	Expires:	4-20-23
✓ Delilah Silholm	Lic #	CO - 12099 - 23	Expires:	5-17-23
Heather Teger	Lic #	CO - 15317 - 23	Expires:	1-29-23
Ashley Matz	Lic #	CO - 08065 - 23	Expires:	5-24-23
	Lic #		Expires:	
	Lic #		Expires:	

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Use additional sheet if more space is needed.

D. During all working hours. YES is satisfactory NO is NOT satisfactory SDCL 36-15 ARSD 20:42

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YES ☒ NO ☐ 2. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged \_\_\_\_\_

YES ☒ NO ☐ 3. First Aid Kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures \_\_\_\_\_

YES ☒ NO ☐ 4. Certified for Microdermabrasion and/or Electric Nail Files and/or Eyelash Extensions \_\_\_\_\_

YES ☒ NO ☐ 5. Disinfectant available at each workstation and includes manufacturer label \_\_\_\_\_

YES ☒ NO ☐ 6. Disinfectant meets virucidal, fungicidal, and bactericidal requirements \_\_\_\_\_

YES ☒ NO ☐ 7. Disinfectant Container labeled, closed and large enough to completely immerse all implements \_\_\_\_\_

YES ☒ NO ☐ 8. Disinfectant (if mixed) fresh, clean, and free from contaminants \_\_\_\_\_

YES ☒ NO ☐ 9. Pedicure Spa and tools clean and disinfected immediately after each use \_\_\_\_\_

YES ☒ NO ☐ 10. Prohibited Tools (20:42:04:04:03) \_\_\_\_\_

YES ☒ NO ☐ 11. Floors, walls, ceilings, fixtures, vents clean and in good repair \_\_\_\_\_

YES ☒ NO ☐ 12. Plumbing, hot/cold running water and central sewage system \_\_\_\_\_

YES ☒ NO ☐ 13. Electrical, appliance cords and outlets safe and in good repair \_\_\_\_\_

YES ☒ NO ☐ 14. Ventilation in work area \_\_\_\_\_

YES ☒ NO ☐ 15. Restroom, clean with disposable towels, liquid soap \_\_\_\_\_

YES ☒ NO ☐ 16. Storage cabinet or room for harmful supplies \_\_\_\_\_

YES ☒ NO ☐ 17. Hair workstations immediately clean and disinfected after each use \_\_\_\_\_

YES ☒ NO ☐ 18. Nail workstations immediately clean and disinfected after each use \_\_\_\_\_

YES ☒ NO ☐ 19. Esthetics workstations immediately clean and disinfected after each use all tools left out - not covered

YES ☒ NO ☐ 20. Waste containers closed, labeled and emptied when full or at least daily \_\_\_\_\_

YES ☒ NO ☐ 21. Sinks clean and disinfected immediately after each use, no hair or soap scum \_\_\_\_\_

YES ☒ NO ☐ 22. Hand sanitizer or hand-washing facilities available for use \_\_\_\_\_

YES ☒ NO ☐ 23. Clean closed labeled containers to store only cleaned and disinfected implements and tools \_\_\_\_\_

YES ☒ NO ☐ 24. Clean closed labeled containers to store only clean towels \_\_\_\_\_

YES ☒ NO ☐ 25. Closed, labeled containers for soiled towels, linens, implements \_\_\_\_\_

YES ☒ NO ☐ 26. Hair tools new and/or clean and disinfected \_\_\_\_\_

YES ☒ NO ☐ 27. Wigs covering used to prevent direct contact of client's scalp or hair \_\_\_\_\_

YES ☒ NO ☐ 28. Clean cape used on each client or clean towel or neck strip if reusing a cape \_\_\_\_\_

YES ☒ NO ☐ 29. Nail tools new and/or clean and disinfected \_\_\_\_\_

YES ☒ NO ☐ 30. Esthetics tools new and/or clean and disinfected \_\_\_\_\_

YES ☒ NO ☐ 31. All single-use items immediately disposed in trash after each use \_\_\_\_\_

YES ☒ NO ☐ 32. All products are clean, closed, and labeled correctly, includes wax \_\_\_\_\_

YES ☒ NO ☐ 33. Fluids, semifluid's, creams, and powders kept in clean, closed, labeled containers \_\_\_\_\_

YES ☒ NO ☐ 34. Items listed in 30. dispensed with a disinfected spatula, shaker, pump, spray dispenser or single-use item \_\_\_\_\_

YES ☒ NO ☐ 35. Equipment for waxing hair removal services kept clean and disinfected \_\_\_\_\_

YES ☒ NO ☐ 36. Electrical equipment clean and disinfected after each service (electric clippers, electric files or curling irons) \_\_\_\_\_

YES ☒ NO ☐ 37. Attachments for electrical equipment clean and disinfected and stored in a clean, closed labeled container \_\_\_\_\_

YES ☒ NO ☐ 38. Home Salons – separate exit – separate from residential area \_\_\_\_\_

YES ☒ NO ☐ 39. Other laws and/or rules that apply (list) \_\_\_\_\_

**E. Comments:**

F. \_\_\_\_\_

Date: Nov 1 - 22 Time 10:00

Signature: [Signature] Inspector signature [Signature]

Licensee reviewed inspection report with Inspector YES NO (if "no" why not) \_\_\_\_\_

RECHECK \_\_\_\_\_ FAIL yellow Nov 11, 22 PASS \_\_\_\_\_

NOV 14 2022