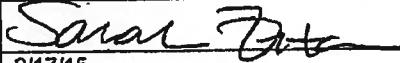


**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST  
IN A CONTRACT TO PROVIDE SOCIAL SERVICES RECEIVED  
PURSUANT TO 930 CMR 6.07** STATE ETHICS COMMISSION

| <b>STATE EMPLOYEE INFORMATION</b>  |  | 2016 FEB - 1 AM 11:12 |
|--|--|-----------------------|
| Name of state employee:  | Sarah Fenton   |                       |
| Title/ Position:   | Clinical Director / CSW (C)  |                       |
| Agency/Department:   | Department of Youth Services   |                       |
| Agency Address:  | Goss 4 Revocation Unit<br>60 Hodges Avenue<br>Taunton MA 02780   |                       |
| Office phone:  | (508) 828-3876   |                       |
| Office e-mail  | Sarah.E.Fenton@state.ma.us   |                       |
|  | <p>I am a state employee, and I seek to have a financial interest in a contract or agreement made by a state agency listed below, or by a provider or organization funded by a state agency listed below:</p> <p style="margin-left: 20px;">A state agency within the following Executive Offices:</p> <p style="margin-left: 40px;">Executive Office of Health and Human Services,<br/>including the Human Service Transportation Office;</p> <p style="margin-left: 40px;">Executive Office of Public Safety and Security,</p> <p style="margin-left: 40px;">Executive Office of Elder Affairs,</p> <p style="margin-left: 40px;">Executive Office of Veteran's Services, or</p> <p style="margin-left: 20px;">A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> <li>- To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or</li> <li>- To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies.</li> </ul> <p>I seek approval of the arrangement from the agency for which I serve as a state employee and from the state agency above that made the contract.</p> |                       |
| <b>FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY</b>  |  |                       |
| <b>PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW<br/>AND PROVIDE THE REQUESTED INFORMATION.</b> |  |                       |
| 1) Service to a state agency   | <input type="checkbox"/> I will provide personal or educational services to a state agency listed above.<br>Please identify the state agency and also the Executive Office it is in, if applicable.  |                       |

|  |  |
|--|--|
| 2) Service to a provider or organization                               | <p><input checked="" type="checkbox"/> I will provide personal or educational services to a provider or organization funded by a state agency listed above.</p> <p>Please provide the name and address of the provider or organization.</p> <p>Eliot Community Human Services/ DYS Pilot Detention Program<br/>425 Harvard Street<br/>Dorchester MA 02124</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable. Department of Youth Services</p>   |
| 3) Service to a person or persons                                      | <p><input type="checkbox"/> I will provide personal services directly to a person or persons who receive services from, or have services paid for by, a state agency listed above.</p> <p>Please identify the state agency that provides services to, or pays for services for, the person or persons, and also the Executive Office it is in, if applicable.</p>  |
| Please describe the services you will provide.                         | <p>Please provide information about the type of personal or educational services you will provide. Please do not include the name of any individual who receives services.</p> <p>I am a licensed aesthetician as well as a licensed mental health counselor. I will provide a therapeutic, skin care education group to educate young people of the essentials of skin care while reinforcing the principals of Dialectical Behavior Therapy and Mindfulness. The group takes the form of a Mindfulness "Spa like" atmosphere. The aim is to expose the young people's 5 senses and open their minds to mindful relaxation and self-care.</p> |
| What will you be paid, or what other financial interest will you have? | <p>Please include a dollar amount, if possible.<br/>\$300.00 per session. I will be providing all products and materials with the exception of water.</p>  |
| Employee signature   |   |
| Date:  | 9/17/15  |
|  | APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE   |
| Name and title of appointing authority                                 |  |
| Office phone   |  |
| Office e-mail  |  |

|   |  |
|---|--|
| Signature by appointing authority   | By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee. |
| Date:   |  |
| <b>APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)</b>                     |  |
| Name and title of person giving approval at the state agency that made the contract | <p><i>she provided trust services referenced<br/>are provided outside of Sarah's work<br/>hours w/ DYS. Ann. Fr Commissioner DYS</i></p>                           |
| Office phone  | <i>617-960-3304</i>  |
| Office e-mail   |  |
| Signature by person giving approval   | By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee. |
| Date:   | <i>9.21.15</i>   |

Attach additional pages if necessary.

File with:

State Ethics Commission  
 One Ashburton Place, Room 619  
 Boston, MA 02108