

**DISCLOSURE BY STATE EMPLOYEE OF A FINANCIAL INTEREST  
IN A CONTRACT WITH THE DEPARTMENT OF CHILDREN AND FAMILIES  
AS REQUIRED BY 930 CMR 6.05(2)(b)**

RECEIVED  
STATE ETHICS COMMISSION

2025 JAN 13 11:12 AM <b>STATE EMPLOYEE INFORMATION</b>	
Name of state employee:	Rachael Rollins
Title/ Position	Executive Director & Adjunct Professor
Agency:	Roxbury Community College
Agency address:	1234 Columbus Avenue Boston, MA 02120
<p>I am a state employee, and I also have agreed to serve as a foster parent, guardian, or pre-adoptive or adoptive parent, or to serve in a comparable status. The Department of Children and Families ("DCF") has a contract or agreement with me or with another person or organization relating to the service I am providing. I am disclosing that I receive financial benefits and/ or have financial obligations because of the contract or agreement made by DCF.</p>	
<b>FINANCIAL INTEREST IN A DCF CONTRACT</b>	
<p>Please write an X beside your answer.</p>	<p>I have an agreement to serve as:</p> <p><input checked="" type="checkbox"/> Foster parent;</p> <p><input checked="" type="checkbox"/> Guardian;</p> <p><input type="checkbox"/> Pre-adoptive parent;</p> <p><input type="checkbox"/> Adoptive parent;</p> <p><input type="checkbox"/> Other. Please explain. _____.</p>
<p>Please write an X beside your answer, and provide any requested information.</p>	<p>My agreement is with:</p> <p><input checked="" type="checkbox"/> DCF directly;</p> <p><input type="checkbox"/> A person or organization that has a contract with DCF.</p> <p>- Please provide the name and address of the person or organization.</p>

	PLEASE DO NOT PROVIDE INFORMATION BELOW ABOUT THE IDENTITY OF THE CHILD. Please refer to the child as "the child" or "the foster child," etc.
	<i>In the answers below, please provide a dollar amount, if possible.</i>
<p>Please identify any financial benefit you receive because of your service.</p> <p>Who provides these financial benefits to you? Include the name and address.</p>	<p>Do you receive, e.g., a subsidy or benefits, compensation, reimbursement of expenses, or a clothing allowance?</p> <p>The two children receive benefits from the State. As a foster parent and legal guardian I receive the state determined amount for the two children. The amount is received directly from DCF. I am also on the emergency list for DCF.</p>
<p>Please identify any financial obligation you have accepted in connection with this service.</p>	<p>Did you agree to accept any financial obligation, e.g., to maintain homeowner's insurance?</p> <p>As a foster parent and legal guardian I am required to maintain and provide a safe, habitable home to assure the well being and good care of these and any other children.</p>
Employee signature:	<i>[Signature]</i>
Date:	1/27/25

Attach additional pages if necessary.

File copy with:

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