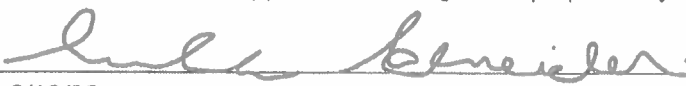


**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST
IN A CONTRACT TO PROVIDE SOCIAL SERVICES
PURSUANT TO 930 CMR 6.07**

RECEIVED
STATE ETHICS COMMISSION
2026 MAR 30 AM 11:30

	STATE EMPLOYEE INFORMATION
Name of state employee:	Kevin L. Clayton (MAJOR)
Title/ Position:	Chief of Enforcement
Agency/Department:	MA Environmental Police
Agency Address:	200 Arlington St. MITC Bldg. Chelsea, MA 02150
Office phone:	617-8828-1650 617-626-1650
Office e-mail	Kevin.Clayton@mass.gov
	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: A state agency within the following Executive Offices: → Executive Office of Health and Human Services, including the Human Service Transportation Office; Executive Office of Public Safety and Security, Executive Office of Elder Affairs, Executive Office of Veteran's Services, or A sheriff's office. The purpose of the contract is: - To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or X To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies. 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.
	FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY
	PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.
1) Service to a state agency	☐ I will provide personal or educational services to a state agency listed above. Please identify the state agency and also the Executive Office it is in, if applicable.

2) Service to a provider or organization	<u>X</u> I will provide personal or educational services to a provider or organization funded by a state agency listed above. Please provide the name and address of the provider or organization. Suffolk University, Sawyer Business School. 120 Tremont St. Boston, MA 02108 Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable. Child Welfare Institute of the Department of Children and Families – Executive Office of Health and Human Services Child Welfare Institute FFY 2025 – 2029 DCF Training Plan Department of Children and Families [https://www.mass.gov/doc/title-iv-e-training-plan-2025-2029/download] <i>See a Wachtel</i>
3) Service to a person or persons	___ 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. 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.
Please describe the services you will provide.	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. Instructional services for a certificate program offered by Suffolk University. Approximately 2 of 5 Fridays, 8 hr. sessions between April and June 2026.
What will you be paid, or what other financial interest will you have?	Please include a dollar amount, if possible. \$2480.00
Employee signature	<i>Kevin Clayton, M.P.A.</i>
Date:	3 March 2026
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	John Monaghan III Colonel/Director
Office phone	800-632-8075
Office e-mail	john.monaghan@mass.gov
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. <i>[Signature]</i>

Date:	
	APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)
Name and title of person giving approval at the state agency that made the contract	<i>Samantha Schneider, Director of Child Welfare Institute</i> <i>312-848-9596</i>
Office phone	
Office e-mail	<i>Samantha.Schneider@mass.gov</i>
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:	3/19/26

Attach additional pages if necessary.

File with:

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

Department of Children and Families
Child Welfare Institute

**Commonwealth of Massachusetts Department of Children & Families (DCF)
Child Welfare Institute (CWI) Training Plan
2025-2029**

May 30, 2025

The Commonwealth of Massachusetts Department of Children and Families Training Plan outlines the anticipated training and professional development programs for the next five fiscal years. The Department employs a hybrid model of staff training, incorporating in-person learning, instructor-led online sessions, and e-learning.

This new Child Welfare Institute (CWI) Training Plan replaces previous versions. The primary goal of the CWI is to promote effective child welfare practices. CWI activities aim to enhance social workers' knowledge and skills, improve supervision quality, and foster an agency environment that supports creativity and professional growth. CWI is dedicated to advancing the Department's strategic goals and objectives.

The CWI is responsible for providing training and professional development opportunities to approximately 4,200 agency staff.

Cost allocation methodology for claiming training

The cost allocation methodology indicated below is based upon the subject matter of each training course, the length of each course, the salary of each participant, non-salary expenses, and the CAP code for each participant or expense.

- (1) Identify training topics allowable at varying percentages (0%, 50%, or 75%).
- (2) Calculate salary expenses associated with allowable trainings.
 - a. For each training course, produce a list with DCF participant (trainer or attendee) names, duration in hours, and date of training.
 - b. For each DCF participant, calculate percentage of their time spent in allowable trainings.
 - c. For each DCF participant, based on that percentage, calculate percentage of their salary in the claiming period spent and identify salary expenses for allowable training hours.
 - d. Sum the training time salary in each CAP cost pool.
 - e. Transfer identified training time salary from the dollars in each CAP cost pool to the appropriate Training (50% or 75%) cost pool.
- (3) Calculate non-salary expenses associated with allowable trainings.
 - a. Transfer identified expenses from the dollars in each CAP cost pool to the appropriate training (50% or 75%) cost pool.

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