**DHS** Oregon Department of Human Services SELF SUFFICIENCY

### **Instructions to provider** — Keep this page for your records.

- 1. Please answer completely and sign the attached Child Care Provider Listing form.
- ► Use **black or blue ink** and print clearly
- Providers who are required to take the *Health and Safety Training* must take the training prior to submitting this listing form. See question 16A on the listing form for additional information. Go to the website: <u>www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx</u> to complete this online training. This training is in addition to any other trainings that you may have taken.
- 3. Contact Direct Pay Unit (DPU) for questions at: 1-800-699-9074 (*toll free*) or 503-378-5500 (*Salem area*).
- Return the attached form within 30 days from the date issued in the "DHS branch Use Only" section. Mail the completed form to: DPU at P.O. Box 14850, Salem, OR 97309-0850 or fax to 503-378-5953.

## **Important information**

The Department of Human Services (DHS) helps pay child care costs for families receiving assistance. You will be eligible for payment for an eligible child for care provided on or after the date your listing is approved by DHS. <u>DHS will not pay for any care provided before the listing approval date as well as any care if you are not approved</u>.

- Providers are required to meet all DHS standards and provider requirements in order to qualify for payment from DHS. For full standards and requirements, see the *Child Care Provider Guide (DHS 7492)* or visit: **www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx.**
- DHS conducts background checks for child care providers exempt from licensing by the Office of Child Care (OCC). This includes:
  - Criminal and child protective service records checks and is required for the provider, any member of the household who is age 16 or older, and any visitors to the home who may have unsupervised access to a child in care, the site director and each employee who may have unsupervised access to a child in care.
  - A visitor is someone who may spend time at the provider's home during the time child care is provided but does not live in the home. This is likely when the provider needs to visit another area of the home (*bathroom, bedrooms, kitchen*), leaving the visitor an opportunity for unsupervised access to children.
- This is not a billing form. You will be mailed a billing form if you are approved by DHS to receive payment as a child care provider and the parent is eligible for child care assistance.
- The family may also be responsible to pay for some of the care.
- If there is more than one provider for a child, each provider will be assigned a percentage of the hours for each month.
- If you are exempt from licensing by the Office of Child Care (OCC) you are required to take the DHS Orientation class within 90 days after you are approved. More information will be sent to you.

# For more information regarding child care go to DHS child care information website: <u>www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx</u>.

#### **Important Contacts:**

- Direct Pay Unit (DPU) P. O. Box 14850, Salem, OR 97309-0850 1-800-699-9074 (*toll free*) or 503-378-5500 (*Salem area*)
- Child Care Resource and Referral Centralized Coordination: 1-800-342-6712 (toll free)

#### Changes that need to be reported within five (5) days:

- Any change to the provider's name, phone number or address including any location where care is provided;
- Any new person (*age 16 and older*) in the home or facility, including visitors to the home during the hours care is provided who may have unsupervised access to the children in care;
- Any new arrests, convictions or involvement with Child Protective Services (*Child Welfare*) by any of the following:
  You;
  - Any person living with you age 16 and older;
  - Visitors; and
  - Any other person required to be on the listing form.
- If I am now licensed with Office of Child Care (OCC) or have changed my license type with OCC;
- If I am no longer licensed with OCC;
- If I no longer meet DHS provider requirements including Health & Safety Requirements;
- If I am now a home care worker for any Aging and People with Disabilities programs or personal support worker through any Developmental Disability or Addictions and Mental Health programs;
- If I am a home care worker or personal support worker I will notify DPU if any changes occur with the type of care I provide or if clients have been added to my care.

#### Frequently asked questions

- Q. I have questions regarding how to fill out the Child Care Provider Listing Form (DHS 7494). Who do I call?
- A. Direct Pay Unit 1-800-699-9074 or in Salem 503-378-5500.
- Q. I would like more information on how the DHS Child care program works. How do I get that information?
- A. More information and the full provider standards and requirements can be found by visiting the DHS website at: <u>www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx</u>. The *Child Care Provider Guide* (DHS 7492) is on this website for your convenience.
- **Q.** Do I need to be licensed by the Office of Child Care (OCC)?
- A. The following OCC webpage is for family providers and facilities. It includes information about who is not required to be licensed (*exempt*) with OCC. Go to: <u>http://www.oregon.gov/OCC/Pages/forproviders.aspx</u>.
- **Q.** Besides filling out the *Child Care Provider Listing* form, is there anything else I need to do to start the process to become listed and approved with DHS?
- A. If required, take the online Health and Safety Training prior to submitting the listing form. See question 16A on the *Child Care Provider Listing* form for more information. The training is located at: www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx
- **Q.** I have been approved as a child care provider but I have not received a billing form, what do I do?
- **A.** Have the parent who is receiving child care assistance call Direct Pay Unit (DPU) at 1-800-699-9074. The parent may also contact their case worker at their local branch office for assistance.
- **Q.** How will I get paid?
- A. You may be eligible for payment for an eligible child for care provided on or after your listing approval date with DHS. Billing forms will be sent as long as the parent is eligible at the time you are approved and they have reported to DHS that you are their child care provider. To receive payment from DHS, you will fill out the billing form and send in the form after all care is provided (*for the time period stated on the form*). There is more information about the billing and payment process in the *Child Care Provider Guide (DHS 7492)* or at www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx. Or you may call DPU at 1-800-699-9074.

### Keep this page for your records



#### Child Care Provider Listing Mail this form to:

Direct Pay Unit, P.O. Box 14850, Salem, OR 97309-0850

or fax to: 503-378-5953.

<b>Questions call:</b>	1-800-699-9074	(toll free) or	503-378-5500	(Salem area)
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Case name:	Case numbe		Program		Branch:	Which	billing form? B 🔲 JCCB	Date i	ssued:
Date care began ( <i>mm/dd/yy</i> ):	Will this be provider?	the prima	ury		rcent of care s provider:	for	Number of ch 1 <sup>st</sup> mo:	nild care 2 <sup>nd</sup> mo	
If ERDC, copay month:				Сор	ay amounts:	1 <sup>st</sup> mo:	2 <sup>nd</sup> n	10:	
Replaces another provider?	If yes, end t	his provi	der (nam	e):			Date care end	led (mm	<i>ı/dd/yy)</i> :
DPU worker: Provid	der number:		tes:						
	Child care p	orovider s	section –	– use	blue or bla	ck ink			
1. Name as it appears on IRS re	ecords:	2. Social	l Security	<sup>,</sup> num	ber or IRS n	umber:	3. Email:		
4. Name you want printed on the	ne check:	5. Addre	ess where	you j	provide care	: City	7: State		ZIP:
6. Phone number ( <i>including are</i>	ea code):	7. Addre	ess where	you ]	live:	City	: State	:: Z	CIP:
8. What language do you prefer	r?	9. Mailing address ( <i>if different</i> ): City: State: ZIP:				IP:			
10. Ethnicity: Hispanic/	Latino [	□ Not H	ispanic/I	atino					
Racial heritage:	Asian	White	-		c or African	Amorioo	10		
0									
	Indian/Alask	a Native		Nativ	e Hawaiian/	Pacific I	slander		
You can choose not to give your ethnic group and racial heritage information. It will not affect your provider status.									
11. Is the home where care is being provided foster care certified? Yes No If yes, you must attach a letter from the DHS foster care certifier approving you to do child care in that home or your listing will be failed.									
12 a) Are you working as a hom		-		_	-			rograms ] Yes	s?
If yes to (12a), write your provider number here:									
b) Are you working as a personal distribution by both the second	ealth (AMH) p	programs'	?	ny De	velopment E	Disability	y (DD) or	] Yes	🗌 No
If you marked yes to either 12a or 12b, please attach a separate sheet of letter-sized paper with your work schedules ( <i>days/times</i> ) for each type of care you will be providing, including the child care schedule. Listing form is considered incomplete and will be returned if schedules are not attached. Additional information maybe requested in order to determine child care provider eligibility.									

13. Check this box if you provide child care in the home where the child lives.

#### 14. List the children of the DHS families who will be in your care. (Attach additional sheets if necessary.)

Child's name (first and last)	Birth date	Check if not related	Mark the appropriate box if you meet one of the following relations to the child:
			Grandparent Great grandparent Sibling
			Aunt or Uncle ( <i>do not include great</i> )
			Grandparent Great grandparent Sibling
			Aunt or Uncle ( <i>do not include great</i> )
			Grandparent Great grandparent Sibling
			Aunt or Uncle ( <i>do not include great</i> )

\*Relationships must be established by blood, adoption or marriage. Those relationships established before the child was adopted are included. Relationships established by marriage continue even if the marriage ends by death or divorce.

# All child care providers are required to answer the Basic Provider Requirements and Health and Safety Requirements.

15. Basic Provider Requirements	Do you meet	
13. Dasic Hovider Requirements	requirements?	
I will be licensed with the Office of Child Care (OCC) if required by law.	Yes No	
Information about who is exempt from licensing can be obtained by calling OCC at 503-947-1400 or 1-800-556-6616 or you may go to the OCC website at		
www.childcareinoregon.org		
I am age 18 or over and understand that I am legally responsible for the accuracy of this form and responsible to repay any payment made in error.	Yes No	
I am the actual person or facility providing care for the children.	Yes No	
I am in such physical and mental health as will not adversely affect the ability to meet the needs of safety, health and well-being of a child in care.	Yes No	
Mark yes <i>if you meet this requirement.</i> Provider cannot be the parent, stepparent, legal guardian of the child, or in the same filing group ( <i>same Temporary Assistance to Needy Families (TANF) or Employment Related Day Care (ERDC) case)</i> as the child; <b>OR Mark no</b> if you do not meet this requirement.	Yes No	
Mark yes <i>if you meet this requirement.</i> Provider cannot hold a medical marijuana card; or distribute, grow, or use marijuana <i>(including medical marijuana)</i> or any controlled substance <i>(except lawfully prescribed and over-the-counter medications)</i> ; <b>OR</b> Mark no if you do not meet this requirement.	☐ Yes ☐ No	
I will provide healthy, safe and dependable child care.	Yes No	
I will keep billing records and daily attendance records that show the check in and check out times each day for each child in care. The attendance records must be kept for at least one year.	Yes No	
I will allow DHS to review attendance records. I understand that I will incur an overpayment when attendance records are not submitted upon request to verify billing hours.	Yes No	
I will treat DHS families the same as other families including charging DHS families the same rate ( <i>or less</i> ) than I normally charge non DHS families.	Yes No	
I agree to complete the DHS Child Care Orientation class within 90 days of being approved with DHS if I am not required to be licensed with OCC, am a new provider, or are relisting after a break of one year or more.	Yes No	

16. A) Required Health and Safety Training - to be completed prior to submitting this listing form. Your listing form will not be processed and will be returned to you until the training is complete. If you are a <u>Certified Center or Certified Family provider with OCC</u> you do not need to complete this section. Continue on to question 16B.

If you are a **Registered Family Provider (RFM) or not required to be licensed with OCC**, you are required to take either the online Basic Child Care Health and Safety (BCCHS) training or the three hour Oregon Kids Healthy and Safe (OKHS) classroom training prior to submitting this Provider Listing form.

This training is called Basic Child Care Health and Safety (BCCHS) is located online at:

#### www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx.

I have completed the online <i>Basic Child Care Health and Safety</i> (BCCHS) training. If you marked "yes", no other action is required, notification of completion is automatically sent to DHS. <b>OR</b>	Yes No
I have completed the three hour <i>Oregon Kids Healthy and Safe</i> (OKHS) classroom training. <b>If you marked "yes"</b> please attach your certificate. <b>OR</b>	Yes No
You may not need to take the Basic Child Care Health and Safety training if you meet one of the exemptions below:	
Is English your preferred language? (If you marked "No" you are exempt at this time)	Yes No
Do you have internet access available? (If you marked "No" you are exempt at this time)	Yes No

**16. B) Health and Safety Requirements.** If you are not required to be licensed with OCC and you check "No" to any of the questions **in 16.B) below** we will contact you on how to get help meeting these requirements. You must meet the requirements within 30 days or your listing will not be approved.

<b>16. B) Requirements for the home/facility</b> (All child care providers are required to answer this section.)	Does your home/ facility meet requirements?
Each floor used by children has two usable outdoor exits ( <i>this can include a sliding door or window that can be used to evacuate children</i> ). If there is a second floor used for child care, there is a written plan for evacuating children.	☐ Yes ☐ No
Has water that is safe to drink.	Yes No
Has a working smoke detector on each floor and in each area where children nap.	Yes No
The building, grounds, toys, equipment and furniture are kept clean, sanitary and hazard free.	Yes No
Has a working telephone (phone number must be indicated in question 6).	Yes No
Fireplaces, space heaters, electric outlets, wood stoves, stairways, pools, ponds and other hazards have barriers to protect children. All gates and enclosures have the Juvenile Products Manufactures Association (JPMA) certification seal.	Yes No
Firearms, ammunition, and other items that may be dangerous to children, including but not limited to alcohol, inhalants, tobacco and e-cigarette products, matches and lighters, any legally prescribed or over-the-counter medicine, cleaning supplies, paint, plastic bags, and poisonous and toxic materials are kept in a secure place out of a child's reach.	Yes No

<b>16.</b> C) Additional home/facility requirements (All child care providers are required to answer this section.)	Does your home/ facility meet requirements?
<ul> <li>Mark yes (<i>I meet the requirement</i>) if no one smokes or carries any lighted smoking instrument, including e-cigarettes and vaporizers:</li> <li>In the home or facility or within ten feet of any entrance, exit, window that opens, or any ventilation intake that serves an enclosed area, during child care operational hours or anytime child care children are present; and</li> <li>In motor vehicles when child care children are passengers; OR</li> <li>Mark no — I do not meet the requirement.</li> </ul>	☐Yes ☐No
<ul> <li>Mark yes (<i>I meet the requirement</i>) if no one uses smokeless tobacco:</li> <li>In the home or facility during child care operational hours or anytime child care children are present; and</li> <li>In motor vehicles when child care children are passengers; OR</li> <li>Mark no — I do not meet the requirement.</li> </ul>	∐Yes ∏No
Mark yes ( <i>I meet the requirement</i> ) if no one under the influence of alcohol, controlled substances ( <i>except legally prescribed and over-the-counter medications</i> ) or marijuana ( <i>including medical marijuana</i> ) is on the premises during child care operational hours or anytime child care children are present; or Mark no — I do not meet the requirement.	Yes No
Mark yes ( <i>I meet the requirement</i> ) if no one consumes alcohol or uses controlled substances ( <i>except legally prescribed and over-the-counter medications</i> ) or marijuana ( <i>including medical marijuana</i> ) in motor vehicles while child care children are passengers; <b>OR</b> Mark no — I do not meet the requirement.	Yes No
Mark yes ( <i>I meet the requirement</i> ) if controlled substances ( <i>except lawfully prescribed and over-the-counter medications</i> ), marijuana ( <i>including medical marijuana, marijuana edibles, and other products containing marijuana</i> ), marijuana plants, derivatives, and associated paraphernalia are not on the premises during child care operational hours or anytime child care children are present; <b>OR</b> Mark no — I do not meet the requirement.	Yes No
Mark yes ( <i>I meet the requirement</i> ) if child care is not conducted in a halfway house, hotel, motel, shelter or other temporary housing such as a tent, trailer or motor home. Licensed ( <i>registered or certified</i> ) care approved in a hotel, motel or shelter is allowed; <b>OR</b> Mark no — I do not meet the requirement.	☐ Yes ☐ No
Mark yes <i>(I meet the requirement)</i> if child care is not conducted in a structure that is designed to be transportable and not attached to the ground, another structure or to any utilities on the same premises; <b>OR</b> Mark no — I do not meet the requirement.	Yes No

16. D) Additional Health and Safety Requirements? (All child care providers are required to answer this section)	Do you meet requirements?
I will supervise children in care at all times.	Yes No
Child care providers and any person supervising, transporting, preparing meals, or otherwise working in the proximity of child care children and those completing daily attendance and billing records are not under the influence.	Yes No
I will prevent people who behave in a manner that may harm children from having access to children in care. This includes anyone under the influence.	Yes No
I will report suspected child abuse of any child in care to a DHS Child Protective Services Office ( <i>Child Welfare</i> ) or a law enforcement agency.	Yes No
I will review immunization schedule with parents and keep immunization records up-to-date.	Yes No
I will take steps to prevent the spread of infectious diseases.	Yes No
I will allow custodial parents to have immediate access at all times to their children who are in care.	Yes No
I will comply with state and federal laws related to child safety systems and seat belts in vehicles, bicycle safety and crib standards under 16 CFR 1219 and 1220.	Yes No
I will place infants to sleep on their backs.	Yes No

- 17. Check this box if you are currently licensed with the Office of Child Care (OCC). Write your OCC license number here: \_\_\_\_\_\_.
  Continue to question 20 on page 7 (you may skip questions 18 and 19).
- 18. Check this box if you are a **Child Care Facility** that is exempt from licensing with the Office of Child Care (OCC).
- **19. Background checks** Please read and complete. This form will be returned as incomplete if there is any missing information. Providers who are licensed with OCC do not need to answer this section. *(Go to question 20).* Who must complete and sign this section *(question 19)*:
  - Provider;
  - All household members (*age 16 or older*). This includes the parent of the child you are providing care for if you live together;
  - Substitute or back up providers;
  - Any visitors who may have unsupervised access to a child in care. Unsupervised access applies to most visitors in the provider's home during child care hours. A visitor is likely to have an opportunity for unsupervised access to children in care when the provider needs to visit another area of the home (*bathroom, kitchen or other areas where children nap*).
  - If you provide care in the child's home and you live somewhere else, only you the provider must complete and sign this question (*question 19*).
  - Site director of a facility exempt from regulation under ORS329A.250 and all employees who may have unsupervised access to a child in care.

**By signing this form**, you authorize DHS, the state court system and other agencies to disclose information and communicate for the direct and limited purpose to determine and review eligibility as a DHS provider.

- Each person must pass a background and Child Protective Services (*Child Welfare*) history check.
- Providers must ensure that complete information is given for everyone required to sign the form. Failing to list a person or disclose all criminal history or child protective history is grounds for failure of eligibility for payment and you may incur an overpayment.

<b>19. Child care provider, complete this box</b> (or site director for a facility).						
Please print clearly and sign. (Providers currently licensed by OCC may skip question 19;						
license number must be included in question 17.)						
Name (last, first, M.I.):	Other names used:		Authorizing signature:			
Driver license number or ID number/state:	Birth date:	Sex:	Social Security number ( <i>if none, write N/A</i> ):			
		Male Female				
Have you ever had criminal arrests, convi Have you ever had Child Protective Servi <b>If any of the boxes are checked yes, ple</b>	Have you lived outside Oregon for 60 days or more in the past 18 months? Yes, list state(s): No Have you ever had criminal arrests, conviction(s)? Yes No Have you ever had Child Protective Services involvement at any time? Yes No If any of the boxes are checked yes, please attach a separate sheet of letter-sized paper explaining all past and current history. Include each incident, date and location.					
Household members age 16 and o (see information sheet) complete the background check will need to an attach additional sheets of paper to	is section. Easwer the que	ach person who i	is required to have a			
Name (last, first, M.I.):	Other names used:		Authorizing signature:			
Driver license number or ID number/state:	Birth date:	Sex:	Social Security number ( <i>if none, write N/A</i> ):			
I am a (check one):       Household member       Visitor       Employee/volunteer         Have you lived outside Oregon for 60 days or more in the past 18 months?       Yes, list state(s):       No         Have you ever had criminal arrests, conviction(s)?       Yes       No         Have you ever had Child Protective Services involvement at any time?       Yes       No         If any of the boxes are checked yes, please attach a separate sheet of letter-sized paper explaining all past and current history. Include each incident, date and location.						
Name (last, first, M.I.):	Other names us		Authorizing signature:			
Driver license number or ID number/state:	Birth date:	Sex:	Social Security number ( <i>if none, write N/A</i> ):			
I am a (check one):       Household member       Visitor       Employee/volunteer         Have you lived outside Oregon for 60 days or more in the past 18 months?       Yes, list state(s):       No         Have you ever had criminal arrests, conviction(s)?       Yes       No         Have you ever had Child Protective Services involvement at any time?       Yes       No         If any of the boxes are checked yes, please attach a separate sheet of letter-sized paper explaining all past and current history. Include each incident, date and location.						
Name (last, first, M.I.):	Other names us	ed:	Authorizing signature:			
Driver license number or ID number/state:	Birth date:	Sex:	Social Security number ( <i>if none, write N/A</i> ):			
I am a (check one):       Household member       Visitor       Employee/volunteer         Have you lived outside Oregon for 60 days or more in the past 18 months?       Yes, list state(s):       No         Have you ever had criminal arrests, conviction(s)?       Yes       No         Have you ever had Child Protective Services involvement at any time?       Yes       No         If any of the boxes are checked yes, please attach a separate sheet of letter-sized paper explaining all past and current history. Include each incident, date and location.						

<b>20. PROVIDER AGREEMENT: Please read and sign below.</b> (All child care providers are required to answer this section.)			
See the <i>DHS Child Care Provider Guide (DHS 7492)</i> for complete information or check our we <b><u>https://apps.state.or.us/Forms/Served/de7492.pdf</u></b> . If you need a guide, contact DPU at 1-800-699-9074 ( <i>toll free</i> ) or 503-378-5500 ( <i>Salem area</i> ).	bsite at		
I agree to the following:	Yes No		
I will report any of the following changes to DPU within 5 days:			
• Any change to the provider's name, phone number or address including any location where care is provided;			
• Any new person ( <i>age 16 and older</i> ) in the home or facility, including visitors to the home during the hours care is provided who may have unsupervised access to the children in care;			
• Any new arrests, convictions or involvement with Child Protective Services ( <i>Child Welfare</i> ) by any of the following:			
• You;			
• Any person living with you age 16 and older;			
• Visitors; and			
• Any other person required to be on the listing form.			
• If I am now licensed with Office of Child Care (OCC) or have changed my license type with OCC;			
• If I am no longer licensed with OCC;			
• If I no longer meet DHS provider requirements including Health & Safety Requirements;			
<ul> <li>If I am now a home care worker for any Aging and People with Disabilities programs or personal support worker through any Development Disability or Addictions and Mental Health programs;</li> </ul>			
• If I am a home care worker or personal support worker I will notify DPU if any changes occur with the type of care I provide or if clients have been added to my care.			
I agree with the provider requirements listed in this Child Care Provider Listing form and in the Child Care Provider Guide (DHS 7492).	Yes No		
I have read the Child Care Provider Guide (DHS 7492) and understand what is required of me as a child care provider.	Yes No		
I understand that making false statements or hiding information may subject me to state or federal penalties.	Yes No		
I affirm, under penalty of perjury, that I have given true and complete information and my name and Social Security number or IRS identification number is valid and correct.	Yes No		
I affirm, under the penalty of perjury, that I have reported criminal history and child protective services ( <i>Child Welfare</i> ) information completely, and will repay all payments if I do not disclose this information.	Yes No		
If I choose to be a member of a provider union, I understand that deductions of dues may be made from my payments.	Yes No		

Provider or Director signature

Date

#### To help ensure payments are timely, please review the most common reasons forms are incomplete.

Please double check the listing form and check off as complete.
Completed health and safety training (*if required*) (see question 16a)
The form is complete and answers are clearly printed
If question 11 is marked yes, I have attached the letter from the DHS foster care certifier
If question 12a or question 12b is marked yes, I have attached my work schedules and my child care schedule
I have answered the Basic Provider and Health and Safety requirements in question 15 and question 16
I answered all questions in question 19 and have attached any criminal or CPS involvement that is needed (*Does not apply to licensed providers*)
Print the form (*all 7 pages*) if this is an electronic version
I signed question 19 (*Does not apply to licensed providers*)
Others (*required to complete background checks*) answered all questions in question 19 and have attached any criminal or CPS involvement (*Does not apply to licensed providers*)
Others signed question 19 (*Does not apply to licensed providers*)
I completed, signed and dated question 20
Mail this form to: DPU, P.O. Box 14850, Salem OR 97309-0850 or fax to DPU at: 503-378-5953

# Call DPU if you have any questions regarding the completion of this form. 1-800-699-9074 *(toll free)* or 503-378-5500 *(Salem)*