250 Post Road East, Suite 104A, Westport, CT 06880
www.hometownannies.com
phone: (203) 227-3924
info@hometownnannies.com

FAMILY - EMPLOYEE AGREEMENT

This contract was executed _____between_____and _____

and_____has the following terms of employment.

WORKSITE ADDRESS: The work will be performed at _____

1. EMPLOYMENT

a. The employment under this agreement is to begin on_____and continue unless sooner terminated as provided herein.
b. Subject to the supervision and control of the Employer, the Employee shall perform the usual and customary duties of _____including but not limited to those described in the written job description.
c. The Employee shall work at the convenience of the Employer, arriving and leaving at times to be specified by the Employer. The Employee shall not be required to work more than_____hours per week but may consent to do so.

2. WORK SCHEDULE

	Begin	**End**	Daily Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Weekly Hours			

3. <u>JOB RESPONSIBILITIES</u> (<u>Including and Specific to All Hybrid Jobs)</u>

a. NANNIES, GOVERNESSES, FAMILY ASSISTANTS, BABY NURSES ETC.

The Employee agrees to always notify the family of the child or children's location and agrees that no unapproved guestswill be admitted to the household or allowed in the family car during work hours.

1. The name and date of birth (DOB) of each dependent is listed below.

Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth

2. Job Priorities (Please fill this in)
(For example: The care and safety of children)

- _____
- _____
- _____

General
(For example: Child-related and housekeeping, laundry, care of the family's golden retriever)

- _____
- _____
- _____

b. HOUSEKEEPERS, NEWBORN CARE SPECIALISTS, EXECUTIVE/PERSONAL ASSISTANT, ESTATE MANAGER, PERSONAL CHEFS, CNAs, DRIVERS, AND OTHER STAFF

1. Job Duties (Please fill this in)
(For example: Heavy cleaning/organization of the household)

- _____
- _____
- _____

General

- _____
- _____
- _____

4. COMPENSATION

a. Subject to the following provisions of this agreement, the Employer agrees to pay the Employee a gross compensation hourly rate of $_____.

b. The Employer shall pay the Employee on a (weekly_____) basis on Friday of each week.

c. The Employee shall receive an overtime wage of 1.5 times the agreed-upon gross hourly rate for each hour worked,exceeding 40 hours per week, and for any Federal holiday(s) that he or she works.

d. The Employer, at his or her own discretion and in writing, may agree to increase the Employee's hourly gross compensation from time to time.

e. The Employer agrees to compensate the Employee for all workdays if work is lost through no fault of the Employee (i.e., inthe event the family goes on a vacation, etc. and does not need the Employee to work his or her regular hours).

f. The Employee may receive an annual bonus based on work performance at the discretion of the Employer.

g. The Employee may receive a monthly or annual insurance stipend at the discretion of the Employer.

h. The Employee will receive an additional flat overnight fee of _____ for any overnight(s) worked, either while traveling with the family or staying overnight in their home.

5. BENEFITS AND OTHER PROVISIONS

a. The Employee is entitled to_____days/weeks of paid vacation annually. The Vacation must be scheduled 30 days in advance and agreed to by the Employer. The vacation compensation is based on the normal payment for a 40-hour workweek. Two weeks' paid vacation is the minimum norm for Full-Time Employees. (One week may be chosen by the family, and one week may be chosen by the Employee). For part-time jobs, please prorate the aforementioned.

b. The Employee will receive the following paid Federal holidays: New Year's Day, Martin Luther King's Day, President's Day, Memorial Day, Juneteenth National Independence Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

c. The Employee will receive_____days per year as paid sick time/personal days.

d. The Employee may receive any and/or all of the following for use on the job at the Employer's discretion:

- **Cellphone Credit Card Health Insurance Stipend Household Cash Allowance**
- **Use of the Family car is recommended for safety and other reasons.**
- **Reimbursement at the current IRS mileage rate if the Employee uses his or her own car.**
- **Other Benefits**

6. TERMS AND CONDITIONS OF EMPLOYMENT

a. The Employee may not drink alcohol, use illegal drugs or smoke while on duty.

b. Childcare Employees shall provide a safe, secure, and healthy environment for any and all children in his or her care.

c. All Childcare and Domestic Employees agree to respect their work environment and perform their job duties to the best of their ability.

7. CONFIDENTIALITY

a. Employment lends itself to intimate and sensitive information. Therefore, the Employee agrees to treat household information as private and confidential during and after his/her employment tenure. The Employee understands that any and all private information obtained about the Employer or their dependents during the course of employment, including but not limited to medical, financial, legal, and career information, is strictly confidential and may not be disclosed to any third party for any reason.

b. The Employee agrees that no information pertaining to the household, such as the home's security system code or a password for childcare drop-offs offs etc., is to be disclosed inside or outside of the worksite. This applies to any informationthat is discussed by parties within the household, as well.

8. TERMINATION OF AGREEMENT

a. The Employer may terminate employment for failure to perform the duties set forth in the job description, for egregious behavior, or because services are no longer needed.

b. The Agreement may be ended by mutual agreement.

c. The Employment is at the discretion of the Employer and the Employee. Either party may terminate this agreement with or without notice or cause.

9. MODIFICATION AND INTERPRETATION

a. The job description may be changed by mutual consent.

10. APPLICABLE LAWS

a. The provisions of this Agreement shall be construed in accordance with the laws of the State of _____

_____		_____	
Employer	Date	Employee	Date

[Due to the variances of many local, city, county, and state laws, we recommend that you seek professional legal counseling before entering into any agreement.]

Date: _____

250 Post Road East, Suite 104A, Westport, CT 06880
www.hometownannies.com
phone: (203) 227-3924
info@hometownnannies.com

Contact Form - Family Information

Family Information:

Name: _____

Adress: _____

_____

Home: _____

Office: _____

Cell: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Other Pertinent Numbers: _____
[i.e., relatives, teachers, etc.]

Other Pertinent Numbers: _____
[i.e., relatives, teachers, etc.]

What is your family's Emergency Plan? See attached document

_____

Date: _____

250 Post Road East, Suite 104A, Westport, CT 06880
www.hometownannies.com
phone: (203) 227-3924
info@hometownnannies.com

Contact Form - Staff Information

Name: _____

Adress: _____

_____

Home: _____

Cell: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Other Pertinent Numbers: _____
[i.e., relatives, teachers, etc.]

Other Pertinent Numbers: _____
[i.e., relatives, teachers, etc.]

Family Emergency Plan and Protocols

Family Information (Contact Information/Cell/DOB/SSN/Work Address/School Address)

Family Name:
Home Address:
Parent/Guardian 1:
Parent/Guardian 2:
Child 1:
Child 2:
Child 3:
Other Family/Staff Members:

• **Evacuation Plan / Evacuation Routes**

- **Primary Exit:**
- **Secondary Exit:**
- **Meeting Point Outside, but near, home:**
- **Meeting Point Away from home:**

• **Transportation Plan**

- **Designated Driver:**
- **Backup Driver:**

• **Alternative Shelter Options**

- **Location 1:**
- **Location 2:**
- **Location 3:**

• **Emergency Contacts (Contact Information/Cell/Address)**

Priority Contact List (in order of importance):

- **911** (Emergency Services)
- **Parent/Guardian 1:**
- **Parent/Guardian 2:**
- **Other Emergency Contact:**
- **Doctor(s):**
- **Family Member/Friend** (out-of-state)**:**

To-Go Kit Details

- **Location of Kit(s):**
- **Backup Location:**

Contents of To-Go Kit:

- **First Aid Supplies:** Bandages, antiseptic wipes, adhesive tape, gloves, gauze pads, etc.
- **Personal Items:** Extra clothing, hygiene products, eyeglasses, diapers (if applicable), etc.
- **Medication:** Include at least 3 days of necessary medication(s)

- **Important Documents:** Passports, birth certificates, insurance cards (in a waterproof bag).
- **Food & Water:** Non-perishable snacks and water bottles (enough for 3 days).
- **Communication Tools:** Battery-powered or hand-crank radio, spare phone charger.
- **Cash:** Small denominations.
- **Flashlights & Extra Batteries:** various sizes and multiple sets.
- **Other To-Go Kit Contents:**

Medical Information & Instructions:

- **Allergies & Instructions:**
  - **Child 1:**
  - **Child 2:**
  - **Child 3:**
  - **Other Members:**

- **Medications & Instructions:**
  - **Child 1:**
  - **Child 2:**
  - **Child 3:**
  - **Other Members:**

Medical Equipment & Instructions:

- Type of Equipment and Location:

Protocols for Specific Emergencies

- **When a Child is Hurt**
  - Assess the situation.
  - Is the child breathing?
  - Is there heavy bleeding?
- **Administer basic first aid**
  - For bleeding: Apply pressure with a clean cloth.
  - For minor burns: Cool the area with running water (not ice).
  - For sprains: Apply ice and elevate.
- **Call 911 if**
  - The injury is severe.
  - The child is unconscious or unresponsive.
  - There is difficulty breathing.

When there is an in-school emergency

- Follow the school's emergency protocol and contact information.
- Stay informed via school communication channels (texts, emails, or calls).
- Follow the reunification instructions provided by the school.
- Ensure all children know emergency contact information and a meeting point if separated.
- School Phone Number & Website/Portal:

When the child ingests poison

- Call **Poison Control** immediately at **1-800-222-1222**.
- Provide the following information:
- Age and weight of the individual affected.
- Substance involved (include packaging if possible).

- Time of exposure.
- Symptoms observed.
- Follow instructions provided by Poison Control or emergency responders.
- Do not induce vomiting unless directed to do so.

Contact the child's parents or guardians immediately after contacting emergency services.

Fire Emergency:

- Evacuate immediately using the evacuation routes.
- Call 911 once outside and safe.
- Do not re-enter the home under any circumstances.

o **Severe Weather:**

- Move to a designated safe area (e.g., basement or interior room).
- Use battery-powered communication tools to stay updated.
- Follow family instructions regarding evacuation or staying put.

Special Instructions for family-specific emergency protocols:

Other Notes/Details/Considerations:

Plan Review

Last Updated On:

Next Review Date:

Reviewed By: