



Bay Area 2nd MOM, Inc.

Nanny/Senior Care, Long Term, Temporary and On-Call Referral Service

Dear Parent,

Thank you for contacting **Bay Area 2nd MOM, Inc.** in your search for quality child care. We have been placing Caregivers with families throughout the greater Bay Area for over 15 years. We feel confident that the services we offer, combined with our thorough screening process will provide you with the highest caliber of child care.

What services does 2nd MOM offer and what makes us unique?

2nd MOM understands the need for child care is ever-changing and our all-inclusive service is designed with that in mind. Clients register annually, and have the flexibility to utilize our Long-Term (1 year or longer), Temporary (1 – 12 weeks) and 24-Hour On-Call Service as needed. The combination of our highly qualified caregivers and the convenience of our services ensures **quality care when you can't be there.**

How does 2nd MOM provide pre-screened Caregivers and what are their qualifications?

We proudly represent the highest caliber of household professionals. Our spectrum of candidates includes Nannies, Mother's Helpers, Baby Nurses, Household Managers/Personal Assistants, Housekeepers and Adult Caregivers. All of our caregivers are thoroughly screened and must meet our minimum requirements of 3 – 5 years of experience and have references who can attest to their ability. We meet all applicants in person and conduct an extensive application and interview process. Our caregivers are certified in CPR and First Aid, and the majority of our candidates train directly through our affiliate training center, All Care Plus, Inc. Candidates must also provide both a current Tuberculosis Test and DMV printout of their driving record. To ensure the integrity of our caregivers and provide peace of mind to our clients, we require two in-depth background checks of all applicants. Candidates are fingerprinted in our office and must clear a Social Security Trace/Criminal Background Check as well as be placed on the State-required Child Abuse Registry, Trustline. Many of our candidates will exceed these requirements and we encourage the continuous growth and development of their abilities.

Why should my family become a part of the 2nd MOM network?

2nd MOM cares about your family. Our goal is to find the perfect match for your specific need, however unique. We understand that finding the right person to care for your children can be a difficult decision and many families do not realize the complexity of hiring an in-home employee. In order to help you through the interviewing and selection process, a Parent Counselor will be assigned to advise and guide you step by step. The Parent Counselor is also available to answer questions regarding appropriate expectations of a caregiver, salary and benefits, tax guidelines and work agreement negotiations. Even after you have hired a caregiver the Agency is available to you for further support. In addition, your registration entitles you to utilize any of our three services including the 24-Hour On-Call Service for up to one year. 2nd MOM is committed to becoming your one stop resource to ensure that your need is completely covered.

How do I register with Bay Area 2nd MOM, Inc.?

- Complete the attached Parent Application and return all required Agreements via fax or mail.
- Pay the annual **\$250.00*** (**non-refundable**) application fee by check or credit card (MasterCard or Visa).
- Schedule an optional office or phone consultation. (For an office consultation, please **do not** bring your child, unless he/she is less than 3 months of age. This enables us to answer your questions in detail. If this is not convenient for you, ask about having a nanny on-site or On-Call at your home). You will also need to bring:
 - a. The completed application
 - b. Driver's License (or picture I.D) and major credit card (MasterCard or Visa) for credit pre-approval
 - c. Recent photograph of your child to place in your file.

We are sure that after speaking with us and reviewing the enclosed brochure, you too will feel confident in our process and the services we offer. Please contact a Parent Counselor toll free at 1.888.926.3666 or the office location nearest you with any further questions; and feel free to look us on the web at www.2ndmom.com.

Regards,

<input type="checkbox"/> Palo Alto Office	872 San Antonio Rd, Palo Alto, CA. 94303	Tel: 650-858-2469, Fax: 650-493-6598
<input type="checkbox"/> Emeryville Office	6400 Hollis St Ste 8, Emeryville, CA. 94608	Tel: 510-595-1320, Fax: 510-595-1350

www.2ndmom.com



Bay Area 2nd Mom, Inc. *Promotional Rates*

A) APPLICATION FEE ~~\$350.00~~ \$250.00

- a) 1 Hr. Consultation
- b) On-Call Nanny Service
- c) Nanny/Parent Contract
- d) Payroll Tax Information

B) PLACEMENT FEES

1) Long Term Live-Out

Full-Time (25.5 Hrs/Week or more)

~~45%~~ 12% of total annual compensation or
~~\$2,500.00~~ \$2,000.00, whichever is greater.*

Part-Time (25 Hrs/Week or less)

~~45%~~ 12% of total annual compensation or
~~\$2000.00~~ \$1,600.00, whichever is greater.*

2) Long Term Live-In

Full-Time or Part-Time

~~45%~~ 12% of total annual compensation or
~~\$3000.00~~ \$2,500.00, whichever is greater.*

3) Nanny Share Live-In or Live-out

Full-Time or Part-Time

~~45%~~ 12% of total annual compensation or
~~\$3000.00~~ \$2,500.00 whichever is greater.*

4) On-Call Service (Well/sick child care)

- a) \$18.00 to \$33.00 per hour, depending on age and number of children
- b) Four (4) hours minimum
- c) \$5.00 for transportation + Toll & Parking

5) Overnight/Weekend Service

0	to	8	Hrs:	\$125.00
8+	to	12	Hrs:	\$150.00
12+	to	16	Hrs:	\$195.00
16+	to	20	Hrs:	\$225.00
20+	to	24	Hrs:	\$295.00

6) Temporary/Summer (5 Days/week)

Weekly Placement Fee* Quoted on number of weeks.

(If booked concurrently, full or fractional weeks)

1	\$250.00	\$200.00		7	\$1450.00	\$1100.00
2	\$450.00	\$350.00		8	\$1650.00	\$1250.00
3	\$650.00	\$500.00		9	\$1850.00	\$1400.00
4	\$850.00	\$650.00		10	\$2050.00	\$1550.00
5	\$1050.00	\$800.00		11	\$2250.00	\$1700.00
6	\$1250.00	\$950.00		12	\$2450.00	\$1850.00

***PLUS TRUSTLINE FEE WHEN APPLICABLE**

Bay Area 2nd MOM, Inc.
Parent Application



Personal Information			Date of Application:
Parent (Primary Contact)		Email address	
Home Address	City	State	Zip
Home phone	Cell phone	Home fax	<input type="checkbox"/> Call First
Employer	Occupation/Title	How long?	
Do you work from home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many days per week?	Best location to reach during the day?
Office phone	Office fax		<input type="checkbox"/> Call First
Parent		Email address	
Home Address	City	State	Zip
Home phone	Cell phone	Home fax	<input type="checkbox"/> Call First
Employer	Occupation/Title	How long?	
Do you work from home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many days per week?	Best location to reach during the day?
Office phone	Office fax		<input type="checkbox"/> Call First
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Partners	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed <input type="checkbox"/> Other _____
Children's names	Sex	Date of Birth	Please list any special needs that we should be aware of
Due Date if expecting	Multi-birth?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal References (whom you have known two years or longer)			
Name	Address	Home phone	
Name	Address	Home phone	
Emergency Contacts			
Name	Address	Relationship to child	
Home Phone	Work Phone	Cell Phone	
Name	Address	Relationship to child	
Home Phone	Work Phone	Cell Phone	
Medical Information			
Pediatrician Name/Clinic or Hospital	Address	Phone	

About Your Home			
Please describe your home (formal/casual, low/high energy, size)			
Please provide directions to your home			
Is your house accessible by public transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type (bus/BART):	
Are there other people living the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who?	
Are there other domestic employees in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who?	
Do you have pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe pets:	
Will the nanny be required to care for them (feeding, walking, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe care:	
Do you have a pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will the nanny be required to swim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have firearms in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are they loaded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What precautions will be taken to avoid access to the nanny and your children?			
Please tell us about your family (special interests, family activities, etc.)			
Has anyone been recommended to an alcohol or drug rehabilitation center or mental institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who?	
Has anyone in the family received individual or family counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who?	
Has your family experienced any episodes of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain	
Has anyone in your family been convicted of an offense other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who?	
Does anyone in the home smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who?	
Does anyone in the home drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often?	
Does anyone in the home take recreational drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often?	
Are there any special needs (physical/emotional) that you would like to describe?			
What type of childcare have you had in the past?			
Why was the childcare terminated?			
How did you hear about 2 nd MOM?			
Are you working with any other agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Whom?	
Are you advertising on your own?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Through what medium (newspaper, internet)?	

What type of nanny are you looking for?			
Please describe your ideal nanny			
What form of discipline do you believe is most effective?			
Can the nanny bring her own child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify any limitations on the child's age?	
Does the nanny need infant experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you consider a male nanny?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is special needs experience required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the nanny need multi-birth experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your children taking any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often would the nanny be required to administer medication?	
Do you need a bi-lingual nanny?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What language should they speak?	
Would you accept a nanny who smokes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you accept a nanny who smokes after hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would the nanny be required to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often?	
Job Description – (If necessary, please attach additional pages to describe your specific needs)			
Expected start date		Expected end date if temporary	
Position requirements (check all that apply)	<input type="checkbox"/> Long-Term (over 12 weeks) <input type="checkbox"/> Temporary (1 – 12 weeks) <input type="checkbox"/> On-Call (as-needed)	<input type="checkbox"/> Live-in <input type="checkbox"/> Live-out	<input type="checkbox"/> Full-time (over 25 hours/wk) <input type="checkbox"/> Part-time (under 25 hours/wk) <input type="checkbox"/> Over-night <input type="checkbox"/> Nanny-share
* STOP HERE IF REGISTERING FOR ON-CALL SERVICE ONLY *			
Days and hours needed			
<input type="checkbox"/> Monday _____	<input type="checkbox"/> Wednesday _____	<input type="checkbox"/> Friday _____	<input type="checkbox"/> Sunday _____
<input type="checkbox"/> Tuesday _____	<input type="checkbox"/> Thursday _____	<input type="checkbox"/> Saturday _____	
Total hours per week: _____		Expected salary range: _____	
Will the nanny be required to work any hours beyond the hours listed above? (eves/wknds)		<input type="checkbox"/> Yes <input type="checkbox"/> No	How often?
Will the schedule change over the summer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain
Benefits provided	<input type="checkbox"/> Paid sick days (days) <input type="checkbox"/> Paid holidays (days) <input type="checkbox"/> Paid vacation (weeks)	<input type="checkbox"/> Medical insurance <input type="checkbox"/> Dental insurance <input type="checkbox"/> Contribution toward insurance (\$)	<input type="checkbox"/> Annual bonus (\$) <input type="checkbox"/> Childcare training courses <input type="checkbox"/> Other
Nanny Duties			
Housekeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Children <input type="checkbox"/> Family	Laundry
Cooking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Children <input type="checkbox"/> Family	Tutoring
Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No	Errands	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you provide a car?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic
Is insurance provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you provide reimbursement for mileage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the car be available for the nanny's personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If live-in, please describe living quarters	<input type="checkbox"/> Detached cottage <input type="checkbox"/> Room in house with private bath	<input type="checkbox"/> Room & bath with separate entrance <input type="checkbox"/> Room with separate entrance & shared bath	<input type="checkbox"/> Room in house with shared bath <input type="checkbox"/> Other

CREDIT CARD AUTHORIZATION

This authorization is to be used to charge Agency fees for care giving services supplied to the registered client of Bay Area 2nd Mom, Inc

This may also be used for Registration and Registration Renewal Fees

Initial: _____

Dear Client,

Before we can refer a caregiver to assist you with your care giving needs, we will need you to complete the following form and the attached agreement. After completing this form and the attached agreement, fax them back to our office at the Number of Fax Cover Sheet along with clear copy of: **1)** Your credit card (both sides) and **2)** Your current Drivers License. The name must be matching on the identification and credit card for us to accept them. Thank you for allowing Bay Area 2nd mom, Inc. to assist you with your child care needs.

Please write legibly.

CLIENT PERSONAL INFORMATION

Full Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Fax Number: _____

CREDIT CARD INFORMATION

My signature authorizes billing to my credit card as indicated below for the services requested from Bay Area 2nd Mom, Inc. Please check the box next to the type of credit card you are using:

Master Card **Visa** **Amex**

Account Number: _____ Expiration Date: _____

Driver's License Number: _____ Expiration Date: _____

Social Security Number: _____

Issuing State for Driver's License: _____ Date of Birth: _____

Your Signature: _____ Today's Date: _____
