# Little Footprints

*Expert Care for Infants*

## You sleep. I'll stay awake with your baby.

Naomi Castellanos, certified Newborn Care Specialist. Twelve years, 140+ families across Brentwood, Santa Monica, Beverly Hills, Culver City and all of greater Los Angeles, including the San Fernando Valley and Pasadena.

Portfolio and rate card · Now booking due dates through March 2027

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# *What I do*

Six ways to work together. Which one you need usually becomes obvious in the first ten minutes of a call.

### *Overnight care*

A ten to twelve hour night shift covering every feed, change and settle, with a written log and a report waiting for you in the morning.

### *24/7 and live-in support*

Round-the-clock coverage with a scheduled rest period built into my day, or a second specialist arranged so the house is never uncovered.

### *Daytime and postpartum support*

Daytime hours covering feeds, naps, bottle prep and the baby's laundry — plus an hour where you sleep instead of hosting me.

### *Multiples and preemie care*

Paired feeding and sleep schedules for twins or triplets, and unhurried handling for babies who came home small.

### *Gentle sleep conditioning*

From around twelve weeks: wake windows, a consistent wind-down and gradual, age-appropriate settling you can keep running after I leave.

### *Feeding support and parent education*

Paced bottle feeding, night-feed logistics, and hands-on coaching so you can do every part of it without me in the room.

# *How we work together*

*01*

### Consultation call

Fifteen to twenty minutes, free, no pitch. Your due date, your household, and the thing you are actually worried about.

*02*

### Care plan and contract

A written scope, a schedule, rates, and what happens if the baby is early. You read it and sign it before any deposit.

*03*

### Prenatal prep

One visit around week thirty-six: the nursery walk-through, the feeding station, and where I sleep on long shifts.

*04*

### Care begins

Usually within forty-eight hours of your call from the hospital. A log from the first night, a report every morning.

*05*

### Transition and handoff

We taper on purpose. By the last week you are running the routine and I am only the backup.

# *Training, in full*

Certificates are brought to the first visit. I am not a registered nurse, a physician or an IBCLC, and I do not describe myself as any of those.

| | | |
|---|---|---|
| *2013* | A.A., Early Childhood Education<br>Community college, Los Angeles | |
| *2014* | First newborn night placements<br>Private families · 400+ nights before certifying | |
| *2016* | Advanced Newborn Care Specialist training<br>NCSA-approved curriculum, 80 hours | |
| *2016* | Newborn Care Specialist certification examination<br>Newborn Care Specialist Association | Renewed 2024 |
| *2018* | Certified Lactation Counselor (CLC)<br>Accredited 52-hour lactation training | Renewed 2023 |
| *2019* | Multiples care intensive<br>Twins and triplets, feeding and sleep scheduling | |
| *2021* | Preterm handling and NICU-to-home transition<br>Regional NICU parent-education programme | |
| *2024* | NCS certification renewal<br>24 hours of continuing education | Next due 2028 |
| *2026* | Infant and child CPR, first aid and BLS<br>American Heart Association | Expires May 2028 |
| *Annual* | Trustline registration and DOJ / FBI background screening<br>Renewed every January | Current |

# *Case studies*

Names, dates and identifying details removed. Scope, work and outcome exactly as they happened.

## *Case 01*

Situation

Twins born at thirty-four weeks. First-time parents, no family within a two-hour flight.

Scope

Six nights a week for nine weeks. Brentwood.

- Ran the two babies on paired feeds so both ate inside the same twenty minutes — the parents got one sleep block instead of two broken halves.
- Kept a single log tracking intake per baby rather than per feed, so the pediatrician could read a weight check in thirty seconds.
- Moved bedtime fifteen minutes earlier each week until both babies were down before the parents sat down to eat.

Result

### *Sleeping six-hour stretches by week ten.*

Both babies, on the same night, three weeks after their adjusted due date.

## *Case 02*

Situation

A second baby, a two-year-old at home, and an unplanned cesarean the mother was still recovering from.

Scope

Four nights a week for six weeks, plus two daytime blocks. Pasadena.

- Took the full nine-to-seven shift, including bringing the baby in for the feeds she chose to nurse and taking the baby straight back out again.
- Protected a two-hour daytime rest window by holding the newborn while the toddler was at preschool.
- Wrote the night routine down in the parents' own words so her partner could run it, unchanged, on my nights off.

Result

### *Five uninterrupted nights a week by week three.*

Her partner ran the same routine on the other two.

## *Case 03*

Situation

A six-week-old with reflux and slow weight gain, and two parents who had stopped trusting their own judgement.

Scope

Five nights a week for twelve weeks. Beverly Hills.

- Logged every feed, volume and spit-up so the pediatrician and the IBCLC were both working from data instead of recall.
- Moved to paced upright feeding with a twenty-minute hold afterwards, and kept that identical across every person who fed him.
- Flagged two nights I was not comfortable with and asked for a same-week pediatric review. That call is not mine to make, and I did not make it.

Result

### *Nine protected hours of sleep, five nights a week.*

By week eight both parents were making the daily calls themselves.

## *Case 04*

Situation

A newborn, an international relocation at ten weeks, and a family that needed the routine to survive the move.

Scope

Live-in for three weeks, then eight days abroad. Santa Monica and London.

- Shifted the whole routine twenty minutes a day for a week before the flight so the time change arrived gradually instead of all at once.
- Rebuilt an identical sleep setup on day one in the new house — same sheet, same sound, same light level, same order of operations.
- Trained the family's new local help on the written plan before I flew home, and stayed on call for a fortnight.

Result

### *The routine held across an eight-hour time change.*

Two nights of disruption, then back to the pre-move pattern.

> *"We interviewed four people. She was the only one who asked what we were afraid of before she told us what she charged."*
>
> Priya M., Brentwood

# *The paperwork*

A log every night, a report every morning. Both samples below carry fictional data.



## *Little Footprints*

Overnight care log

Baby R. · 5 weeks · Saturday 14 February · shift 9:00 pm – 7:00 am

| Time | Feed | Amount | Diaper | Settled | Notes |
|---|---|---|---|---|---|
| 9:20 pm | — | — | wet | 9:32 pm | Bath, swaddle, white noise on |
| 11:45 pm | bottle | 3.0 oz | wet + BM | 12:10 am | Woke on own, took a full feed |
| 2:35 am | bottle | 3.25 oz | wet | 2:58 am | Lights low, minimal talking |
| 5:10 am | bottle | 2.75 oz | wet + BM | 5:40 am | Fussy 10 min, settled side-lying |
| 6:50 am | — | — | wet | awake | Alert and calm at handoff |

**Night totals**

| Longest stretch | Total sleep | Feeds | Intake | Diapers |
|---|---|---|---|---|
| *4 h 25 m* | *8 h 10 m* | *3* | *9.0 oz* | *5* |

Kept for the parents' reference and handoff. Not a medical record.

Overnight care log — sample page.

*Little Footprints*

Morning report

Baby R. · night of Saturday 14 February · left on the kitchen counter at 7:00 am

**How the night went**

Three feeds, all taken willingly, and the longest stretch so far at four hours twenty-five minutes. The 2:35 feed went back down in twenty-three minutes.

**What I noticed**

- Rooting about fifteen minutes before each waking — we can start the feed sooner.
- Settles faster with the arms-down swaddle than the arms-up one.
- Stayed awake and calm for about twenty minutes after the 5:10 feed.

**For today**

- Wake windows of 60–75 minutes are working; try not to stretch past 90.
- Bottles are washed and the overnight tray is restocked for tonight.

Longest stretch

*4 h 25 m*

| | |
|---|---|
| Total sleep | 8 h 10 m |
| Feeds / intake | 3 · 9.0 oz |
| Diapers | 5 (3 wet, 2 BM) |

Anything in the "noticed" column that worries you is worth a note for the pediatrician. I flag, I do not diagnose.

Sample report. Details are fictional.

Morning report — sample page.

# *What it costs*

Starting rates, not a quote. Twins, triplets and NICU-discharge babies are priced separately.

### *Overnight care*

## *from $480*

per 10–12 hour night

- Every feed, change and settle from your bedtime to your morning
- Written care log and a morning report
- Bottles washed, nursery reset before I leave
- Two nights per week minimum

### *24-hour and live-in*

## *from $900*

per 24 hours

- Continuous coverage with a scheduled rest period
- A second specialist arranged for seven-day weeks
- Private room and bathroom required for live-in
- Booked by the week

### *Weekly package*

## *from $2,250*

per 5 consecutive nights

- Five consecutive nights at a held rate
- Prenatal visit and written care plan included
- Priority on your due-date window
- Booked in four-week blocks

A twenty-five per cent deposit holds your due-date window and is credited against your first invoice; the balance is invoiced weekly. Nothing is charged before a contract is signed.

Depending on how we structure the work, your family may be a household employer for tax purposes rather than hiring a contractor. I will tell you which I believe applies and can recommend a payroll service — I am not a tax adviser.

Nothing in this document is medical advice, and no outcome is guaranteed. I do not diagnose, prescribe or treat, and I refer out when something falls outside my scope.

Tell me your due date and I'll tell you honestly whether I'm the right fit.

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