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**Early Years Costed Provision Map
Early Years Team**

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| --- | --- | --- | --- |
| Name of setting |  | Start & Finish date |  |
| Child’s name |  | Date of Birth |  |
| Areas of need |  | Hours attended per week |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strategies in place  | Who implements them & adult to child ratio | How often per week | How long per week | Cost per week | Cost per 6 months |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Equipment and resources purchased  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total: |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Any funding already received from the EHC team during this period of time  | Minus weekly payments | Minus payments over 6 months |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total of costs incurred per week:  |  |
|  |  |  |