

# Flexible Childcare Services - Hillside Breakfast and Out of School Club Day Care of Children

Hillside Primary School  
Newlands Drive  
Portlethen  
AB12 4LX

Telephone: 01224 472 864

**Type of inspection:**  
Unannounced

**Completed on:**  
23 November 2022

**Service provided by:**  
Flexible Childcare Services Scotland  
SCIO

**Service provider number:**  
SP2019013370

**Service no:**  
CS2019376982

## About the service

Flexible Childcare Services - Hillside Breakfast and Out of School Club provides a day care of children service and is accommodated within Hillside Primary School. The service is registered to provide a day care of children service to a maximum of 48 school-aged children at any one time.

During operating times, the service will have exclusive use of the school dining hall. The service may also have use of the gym hall, library area, toilets, and outdoor play areas.

## About the inspection

This was an announced inspection which took place on 22 and 23 November 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service
- spoke with two of their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

**Key messages**

- Children were happy and enjoyed playing with friends.
- Staff worked well together and had developed positive relationships with the children and families in their care.
- Children were able to choose from a variety of toys and games.
- Children would benefit from more opportunities to play outside.
- The service was not effectively led to support high quality care and learning experiences.
- Children's health, wellbeing, and safety was compromised through the ineffective use of personal planning.
- Procedures and systems to check children's attendance and keep them safe in the building could be better managed.

**From this inspection we evaluated this service as:**

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How good is our care, play and learning?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

### 1.1 Nurturing care and support

Children were happy to attend and were supported by caring staff. They told us they liked the staff at the club and enjoyed going to play with their friends. We observed positive relationships between children, staff, and parents which contributed to the friendly atmosphere and positive ethos.

Children's overall wellbeing was not supported through effective use of personal planning. Plans were not available for some children and, for most children, the information was no longer relevant or up-to-date. This meant staff were not knowledgeable about children's current interests, preferences, or care needs. As a result, some children did not receive the care and support they needed. This was a recommendation at the previous inspection and has not been met. In order to ensure children's health, safety, and wellbeing, we have made a requirement for all children's personal plans to be audited and reviewed with parents (**see requirement 1**).

Children and families were not protected through robust safeguarding procedures. Staff were able to discuss some signs and symptoms, however they were not confident in who to go to in the event of a concern. Chronologies did not contain enough meaningful information, potentially putting children at risk. Information was not able to be shared effectively with other working professionals who could protect children or support their needs. This was a requirement made at the previous inspection and we have extended the timescale to 9 January 2023 (**see requirement 2**).

Most children who required medication were kept safe and well by staff with a clear understanding of their needs. Since the previous inspection, medical care plans had been reviewed by parents and contained clear signs and symptoms and information to follow in the event of an emergency. However, a child had started at the service without the necessary information and medication needed. This meant they were at risk of harm as staff were unable to administer lifesaving medication. The provider took immediate action to ensure the safe administration of medication. This requirement was made at previous inspection and we have extended the timescale to 9 January 2023 (**see requirement 3**).

Children experienced an unhurried and relaxed snack. Children were effectively supervised to support their safety, health, and wellbeing. They were offered healthy food options and drinks, ensuring they were not hungry and were well hydrated. Parents told us their children were offered a variety of snacks and children were involved in planning the menus. This ensured children were provided with food items they enjoyed. There were limited opportunities for children to prepare snack. We discussed using snack and breakfast times to help develop children's responsibility and independence.

### 1.3 Play and learning

Children had fun and were happy playing with their friends. They were very well mannered, independent, and resilient individuals who played well together. There were some new games and toys that promoted cooperative play and helped foster new friendships. This contributed to busy children and a friendly atmosphere.

Children were supported by kind staff who listened and responded to their needs. Children enjoyed chatting to staff and playing games. However, there were a few inconsistencies in staff interactions to engage and promote children's interests. The provider advised training and support to staff was imminent.

Children made some informed choices about leading their play and learning. A few children enjoyed playing ball games in the hall and running around with their friends. The dining room presented opportunities to chat and socialise with friends as well as play games on the table tops. Some children enjoyed playing with Loom Bands (small elastics) and had fun making bracelets and other interesting objects. Children were able to choose resources and could ask staff for alternative toys and games from the cupboard. However, children would benefit from a wider variety of more engaging activities. This improved on our second visit with the introduction of a parachute and targets for ball play in the gym hall.

Children had been involved in planning some activities they enjoyed. Ideas were recorded using a Big Book Planning format, however some suggestions which were reasonable and achievable had not been facilitated by staff. Children's comments were not always dated and had not been revisited to reflect on the experience **(see area for improvement 1)**.

There were some opportunities to support children's learning in literacy and numeracy. For example, children chatted and socialised with friends during snack and had fun speaking languages they had been learning in school. Children would benefit from more opportunities to achieve their potential through everyday activities and we discussed ways to develop this.

## Requirements

1. By 9 January 2023, the provider must ensure children's personal plans contain relevant and up-to-date information and that staff are aware of and use this to meet children's needs, wishes, and choices. To achieve this, the provider must ensure an audit of children's information is undertaken.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. By 9 January 2023, the provider must ensure the manager and staff have the skills, knowledge, and experience necessary to protect children from harm, appropriate for the role in which they are employed. To achieve this, the provider must ensure:

a) The manager and staff are competent in and knowledgeable about national, local, and the service's own child protection procedures and 'Getting It Right For Every Child' (GIRFEC).

b) The manager and staff are competent in completing chronologies and use these to ensure appropriate action is taken to support children and their families.

c) Effective procedures to assess the manager and staff competency of child protection and GIRFEC (Getting It Right For Every Child) are implemented and used on an ongoing basis.

This is to comply with Regulation 4(1)(a) (Welfare of users); Regulation 7(2)(c) (Fitness of managers); and Regulation 9(2)(b) (Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

The provider, manager, and staff may find the following documents useful to support them in meeting this requirement:

- 'National guidance for child protection in Scotland 2021' (<https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021/>)
- 'Practice guide to Chronologies' (<https://hub.careinspectorate.com/media/1581/practice-guide-to-chronologies-2017.pdf>).

3. By 9 January 2023, the provider must ensure systems to support the safe administration of medication are robust. This should include, but not be limited to:

- a) Accurate information recorded on the children's medical care plans.
- b) Ensuring medication stored on the premises is prescribed for the child and is labelled with their name and date of birth.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

The provider, manager, and staff may find the following guidance useful to support them in meeting this requirement:

- 'Management of Medication in Daycare and Childminding Services' (<https://hub.careinspectorate.com>).

## Areas for improvement

1. To ensure children develop their learning and have fun, the provider should ensure children are able to participate in a range of recreational, social, creative, and physical learning activities, both indoors and outdoors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors' (HSCS 1.25).

## How good is our setting?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Children were cared for in a building that was well maintained. The dining hall was bright and welcoming and the large hall provided opportunities for children to participate in active play safely.

Children were not kept safe as staff were unaware of the actual number of children attending and the electronic record of attendance was not accurate. This put children at risk of leaving the building unsupervised. Staff had not carried out effective risk assessments of the environment. This meant they were not fully aware of potential risks to children and how these could be prevented. This included the risk assessment for the rear door to ensure the alarm was activated. We discussed these concerns with the manager and immediate action was taken, including the use of a paper attendance record (**see requirement 1**).

Children played in a spacious environment that was furnished to meet their needs. Some consideration had been given when creating spaces for children to relax and chat with friends. Some children enjoyed sitting at tables and a few children sat in a small tepee. The tepee looked more attractive and was better used during our second visit when the children added an extension using a play parachute.

Children were not able to access regular outdoor play opportunities. Parents and children told us there were few opportunities for outdoor play in the winter, although this increased during the summer months. This was a recommendation made at the previous inspection and will be restated as an area for improvement (**see area for improvement 1**).

Children benefited from a clean and hygienic environment. Staff were seen working well together to complete essential cleaning tasks in a safe and effective way. This ensured that potential risks of transmission of illness were minimised and children felt safe.

Children's records were kept safe to ensure their confidentiality. However, we were advised some records were stored on a computer which could not be accessed during inspection. We discussed the importance of keeping records safe and managing electronic information in line with general data protection requirements.

### Requirements

1. By 9 January 2023, the provider must ensure children are kept safe within the setting.

To do this, the provider must, at a minimum, ensure:

- a) Accurate attendance records are in place.
- b) Effective procedures are in place when children arrive and leave the service.
- c) Staff are knowledgeable and competent of the factors which raise the potential risk of children leaving the environment unsupervised and take action to prevent any occurrences.

d) Staff are competent in assessing risks and implement effective safeguards.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My Environment is safe and secure' (HSCS 5.19).

## Areas for improvement

1. To support children's health, wellbeing, and fitness, the provider should ensure children have regular opportunities for outdoor play.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

## How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Staff, children, and families were not confident in understanding the vision and aims of the service. This meant they were not fully aware of what to expect from the service.

The service was not well led to ensure good outcomes for children. The provider was in the process of recruiting a new manager, however they had not yet made an appointment. This meant there was insufficient skill and capacity to drive continuous improvement. This was a requirement made at the previous inspection and has been extended to 9 January 2023 (**see requirement 1**). Senior staff within the organisation advised they would provide support to the staff in the interim.

Quality assurance systems and procedures were not in place. Inconsistencies in practice were not identified and staff were not sufficiently challenged to raise standards. This was a recommendation made at the previous inspection and has been restated as an area for improvement (**see area for improvement 1**).

Limited opportunities were available for children and their families to become meaningfully involved and influence change within the setting. We contacted two parents who advised there was very limited information sharing. They told us they were still waiting for information on any improvements made since the previous inspection. Children told us they were able to choose activities and felt listened to by staff. This was evident in the purchase of some new resources (**see area for improvement 2**).

Children were supported by staff who communicated well together. However, their reflections did not influence positive change or improve outcomes for children and families. Staff were not effectively using the Health and Social Care Standards (HSCS) and 'A quality framework for day care of children, childminding, and school-aged children' to identify and evaluate what was working well and what was needed to improve.



## Requirements

1. By 9 January 2023, the provider must ensure that the service is well led by a named manager who has the knowledge, skills, and experience to drive improvement of the service.

This is to comply with Regulation 7(2)(c) (Fitness of managers) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

The Scottish Social Services Council's (SSSC) 'Step into Leadership' resources should be accessed to support this (<https://www.stepintoleadership.info/>).

## Areas for improvement

1. To support improvement to the service and ensure good outcomes for children, the manager should ensure quality assurance systems are fully embedded into practice. This should include, but not be limited to:

a) Audits of medication.

b) Audits of children's personal plans.

b) Monitoring of staff practice to ensure staff skills and knowledge is improved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. To support improvement to the service and ensure positive outcomes for children, the manager should ensure self evaluation and improvement plans are in place which have involved staff, children, and parents

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## How good is our staff team?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children were supported by kind staff who were respectful of their needs and wishes. Staff worked well together and were confident in asking each other for help and support. This contributed to a positive ethos and good relationships with children.

Children's care, wellbeing, and learning was supported by a mix of skilled and less experienced staff. New staff had not been supported with an effective induction process which led to a few missed opportunities to engage and fulfil children's interests.

Support and supervision sessions with staff had not taken place to help identify where staff would benefit from training opportunities. The provider took immediate action and meetings were planned to support staff development.

The deployment of staffing was not effective to support children's health, wellbeing, and safety. Although there were enough staff, senior roles were not appropriately covered during periods of absence to promote high-quality outcomes for children. As a result, children's records were not accessible to staff and children's care needs were not fully met. Staff were not informed about the number of children attending to ensure their attendance and safe arrival. Staff were not guided to ensure toys and games were inviting and attractive to the children. As a result, children did not experience exciting and interesting activities planned to engage and extend their thinking (**see area for improvement 1**).

## Areas for improvement

1. To help keep children safe and promote good outcomes, the provider should ensure appropriate provision is made for staff absences. This should include, but not be limited to:

- a) A consistency of care.
- b) High-quality play experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 16 May 2022, the provider must ensure the manager and staff have the skills, knowledge, and experience necessary to protect children from harm, appropriate for the role in which they are employed. To achieve this, the provider must ensure:

- a) The manager and staff are competent in and knowledgeable about national, local, and the service's own child protection procedures and 'Getting It Right For Every Child' (GIRFEC).
- b) The manager and staff are competent in completing chronologies and use these to ensure appropriate action is taken to support children and their families.
- c) Effective procedures to assess the manager and staff competency of child protection and GIRFEC (Getting It Right For Every Child) are implemented and used on an ongoing basis.

This is to comply with Regulation 4(1)(a) (Welfare of users); Regulation 7(2)(c) (Fitness of managers); and Regulation 9(2)(b) (Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

The provider, manager, and staff may find the following documents useful to support them in meeting this requirement:

- 'National guidance for child protection in Scotland 2021' (<https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021/>)
- 'Practice guide to Chronologies' (<https://hub.careinspectorate.com/media/1581/practice-guide-to-chronologies-2017.pdf>).

**This requirement was made on 4 April 2022.**

#### Action taken on previous requirement

Children and families were not protected through robust safeguarding procedures. Staff were able to discuss some signs and symptoms, however they were not confident in who to go to in the event of a concern.

Chronologies did not contain enough meaningful information, potentially putting children at risk, as information was not able to be shared effectively with other working professionals who could protect children or support their needs.

This was a requirement made at the previous inspection and we have extended the timescale to 9 January 2023.

**Not met**

## Requirement 2

By 20 April 2022, the provider must ensure systems to support the safe administration of medication are robust. This should include, but not be limited to:

- Accurate information recorded on the children's medical care plans.
- Ensuring medication stored on the premises is prescribed for the child and is labelled with their name and date of birth.

This is to comply with with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

The provider, manager, and staff may find the following guidance useful to support them in meeting this requirement:

- 'Management of Medication in Daycare and Childminding Services' (<https://hub.careinspectorate.com>).

**This requirement was made on 4 April 2022.**

### Action taken on previous requirement

Most children who required medication were kept safe and well by staff with a clear understanding of their needs.

Since the previous inspection, medical care plans had been reviewed by parents and contained clear signs and symptoms and information to follow in the event of an emergency. However, a child had started at the service without the necessary information and medication needed in order to support their medical needs. This meant they were at risk of harm as staff were unable to administer lifesaving medication. The provider took immediate action to ensure the safe administration of medication.

This requirement was made at the previous inspection and we have extended the timescale to 9 January 2023.

**Not met**

## Requirement 3

By 20 April 2022, the provider must ensure that the service is well led by a named manager who has the time and capacity to drive improvement of the service.

This is to comply with Regulation 7(2)(c) (Fitness of managers) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

The Scottish Social Services Council's (SSSC) 'Step into Leadership' resources should be accessed to support this (<https://www.stepintoleadership.info/>).

**This requirement was made on 4 April 2022.**

### Action taken on previous requirement

The service was not well led to ensure good outcomes for children.

The provider was in the process of recruiting a new manager, however they had not yet made an appointment. This meant there was insufficient skill and capacity to drive continuous improvement.

This was a requirement made at the previous inspection and we have extended the timescale to 9 January 2023.

**Not met**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To support children's health and wellbeing, the provider should ensure children's personal plans contain relevant and up-to-date information and that staff are aware of and use this to meet children's needs, wishes, and choices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

**This area for improvement was made on 4 April 2022.**

#### Action taken since then

Children's overall wellbeing was not supported through effective use of personal planning.

Plans were not available for some children and, for most children, the information was no longer relevant or up-to-date. This meant staff were not knowledgeable about children's current interests, preferences, or care needs.

This was a recommendation at the previous inspection and has not been met. In order to ensure children's health, safety, and wellbeing, we have made a requirement for all children's personal plans to be audited and reviewed with parents.

#### Previous area for improvement 2

To ensure children have fun, the provider should ensure children are able to participate in a range of recreational, social, creative, and physical learning activities, both indoors and outdoors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors' (HSCS 1.25).

**This area for improvement was made on 4 April 2022.**

#### Action taken since then

A few children enjoyed playing ball games in the hall and running around with their friends.

The dining room presented opportunities to chat and socialise with friends as well as play games on the table tops.

Children had been involved in planning some activities they enjoyed. Ideas were recorded using a Big Book Planning format, however some suggestions which were reasonable and achievable had not been facilitated by staff. Children's comments were not always dated and had not been revisited to reflect on the experience.

Children were not able to access regular outdoor play with interesting and engaging activities.

This recommendation has not been met and has been restated as an area for improvement.

### Previous area for improvement 3

To support children's health, wellbeing, and fitness, the provider should ensure children have regular opportunities for outdoor play.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

**This area for improvement was made on 4 April 2022.**

#### Action taken since then

Children were not able to access regular outdoor play opportunities.

Parents and children told us there were few opportunities for outdoor play in the winter, although this increased during the summer months.

This recommendation has not been met and has been restated as an area for improvement.

### Previous area for improvement 4

To support improvement to the service and ensure good outcomes for children, the manager should ensure quality assurance systems are fully embedded into practice. This should include, but not be limited to:

- a) Audits of medication.
- b) Monitoring of staff practice to ensure staff skills and knowledge is improved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 4 April 2022.**

#### Action taken since then

Quality assurance systems and procedures were not effective to identify gaps in practice.

Inconsistencies in practice were not identified and staff were not sufficiently challenged to raise standards. We raised these concerns during inspection and immediate action was taken.

This was a recommendation made at the previous inspection and has been restated as an area for improvement.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	3 - Adequate
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate



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