

Little Stars Hillington Day Care of Children

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Hillington Park
Glasgow
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Telephone: 01415 704 080

Type of inspection:
Unannounced

Completed on:
5 August 2024

Service provided by:
Little Stars (Stirling) Limited

Service provider number:
SP2011011652

Service no:
CS2013319493

About the service

Little Stars Hillington is registered to provide care to a maximum of 78 children aged from birth to not yet attending primary school:

- 18 babies under 2 years. (Children to be cared for in groups of no more than 9 children)
- 20 children 2 to 3 years.
- 40 children 3 years to those not yet attending school.

Any other conditions unique to the service:

2. The care service will operate Monday to Friday 7.00am to 7.00pm.

The service is located in Hillington, Renfrewshire. It is part of the Little Stars (Stirling) Limited group and is one of five services operated by the provider.

Accommodation for children comprises of three playrooms for children under two, two to three and three to five. There is a large garden area which has been divided to create areas for all children to use.

About the inspection

This was an unannounced inspection which took place on Monday 29 July 2024 and Tuesday 30 July 2024. The inspection was carried out by two early learning and childcare inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the service registered.

In making our evaluations of the service we:

- spoke with and observed children using the service
- contacted families through Microsoft questionnaires to gather their views
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Almost all of children were happy and settled within the environment.
- The service was warm, welcoming, and well ventilated.
- The manager engaged well during the inspection process, taking on advice and support, demonstrating a commitment for improvement.
- Mealtimes for almost all children were relaxed, unhurried and provided a sociable experience.
- To support children's health, welfare and safety needs personal plans need developed further.
- Play and learning experiences need to be developed to include more opportunities to actively involve children in their play.
- Planning cycles need developed as they were not effectively supporting play and learning.
- Systems for safe administration of medication should be improved.
- Quality assurance systems should be improved to promote positive outcomes for all children.
- The provider should ensure the service operates within their conditions of their registration at all times.

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?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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.

Quality Indicator 1.1: Nurturing care & support

Almost all children were happy and settled within the environment and experienced warm, caring interactions from staff throughout our observations for example, playing alongside children during activities, reading stories, singing, and comforting children going to sleep. Children were approaching staff for cuddles and reassurance and staff were respectful when children required support with personal care through approaching children at their level and asking permission. Parents told us:

'All the staff at little stars are friendly and knowledgeable. They know all the children whether they are under their care or not. This means a lot as it shows they genuinely care about all the children.'

'Friendly and approachable staff. My child settled very quickly thanks to the room staffs approach I also love seeing the daily updates and pictures on the learning journals.'

'All of the staff always welcome my child with a smile and a cuddle, and always ensure my child is happy while within nursery.'

'All the staff are really friendly and approachable. They are really caring, and my child responds well to them also.'

Whilst almost all children experienced warm and caring interactions, this was not consistent across the service. We found interactions could have been more nurturing. At times staff were busy with other tasks, which meant that when children required support, staff were not always able to respond to their needs. For example, staff did not always notice when children had runny noses, were sometimes slow to respond to crying and upset children and we witnessed staff on one occasion not communicating with a baby prior to lifting them to join a small group to listen to a story. To ensure children feel loved, safe and secure and their needs are recognised and met staff interactions should be improved.

(See area for improvement 1).

Personal plan information had been gathered for all children present and the majority were reviewed with parents in line with legislative requirements. However, plans did not contain strategies or next steps required to support children's health, welfare, and safety needs and some information gathered did not fully reflect children's current needs. This meant that not all children were getting the support they needed to reach their full potential. To ensure children's overall health, wellbeing, and safety needs are met and supported, information gathered requires to be streamlined and reviewed to ensure clear and concise information for all staff to follow. This will enable all staff to provide positive outcomes for all children.

(See area for improvement 2).

We sampled medication held for children who required it while in the nursery. We found storage of medication and medication templates were not in line with best practice guidance. Management should review storage of medication, implement a termly robust audit system and update recording templates to ensure all information is in line with best guidance 'Management of medication in day care of children and childminding services.'

(See area for improvement 3).

Children enjoyed a hot nutritious meal and staff sat with the children and encouraged them to try new foods as they ate along with them. Mealtimes in most rooms were relaxed, unhurried and provided a sociable experience for the children. However, we identified that the staggered lunch meant that some children did not receive lunch at a time suitable to their needs. We also highlighted to staff a few children who were presenting as hungry. This meant that some children did not receive the care that was right for them. Parents told us:

'I would like more updates on what she/he has been eating on a daily basis rather than just knowing if she/he has or hasn't eaten it all.'

During the inspection we highlighted our concerns as part of the letter of concern that was issued on 1 August 2024. When we returned to the service on Monday 5 August management advised that they had changed the routine within the 0-2 room and all children were now having lunch together. Staff had implemented this on Friday 2 August and had reported that children were much more settled. We spoke with staff, and they also advised that lunch time had been much more relaxed, unhurried and a better experience for the children rather than the staggered lunch.

We would ask management and staff to continue to review and monitor the lunch and snack times to ensure children's individual needs and preferences are met and children are not presenting as hungry. This will be monitored at the next inspection.

Whilst water was available at snack and lunch times, the service should ensure children have regular access to drinking water throughout the day.

Children were supported to have a sleep if they needed at a time that suited them. Staff played relaxing music and comforted children during this time. Staff supervised children which contributed to providing a safe, comfortable sleep time for children. As a result, most children slept well supporting them to be refreshed and relaxed.

However, we found that children sleeping on mats were not given enough space to rest or sleep comfortably without touching each other and some sleep mats were torn or ripped and required to be replaced. The space used for children to sleep within the baby room required to be reviewed to have two separate sleep areas as agreed as part of the services conditions of registration when the service increased their occupancy. During the inspection we highlighted our concerns as part of the letter of concern that was issued on 1 August 2024. The service has made changes following this which is reflected within the report under quality indicator 3.1 Quality assurance and improvements are led well. This will be monitored at the next inspection.

Quality indicator 1.3: Play & Learning

Almost all children were happy, having fun and enjoying their time at nursery. Children were able to move freely around their dedicated playrooms. Children in the 3-5 room enjoyed playing with the magnetic tiles, the interactive touch screen device, football, and exploring the house corner. Children in the 2-3 room were enjoying mark making with coloured pencils and sand. Children in the 0-2 room enjoyed playing on the climbing frame, rocking horse, and wheeled toys. This meant that there were some opportunities for children to choose during free play and develop some skills. Parents told us:

'Opportunities to play outside. He/she made friends and gets to socialise with kids his/her own age.'

'He/she has been given mark making opportunities, activities to aid his/her fine motor development, as well as opportunities to develop his/her gross motor skills.'

'Playing outside in the garden with various toys. Painting. Colour sorting. Group singing and story time.'

Overall, there was little evidence of children leading their own play. Not all children experienced learning that was relevant, personalised, or sufficiently challenging for their stage of development. This led to missed opportunities to support children's creativity and choices throughout their play experiences. For example, in the 3-5 room several areas had no resources or experiences available, one table had four trays laid out with dried up toothpaste and spatulas. Children indicating an interest in football were told not to play football indoors but were not given the opportunity to go outside to play. We found play and learning needed to be developed further both inside and outside to include more opportunities to actively involve children in their play.

The resources, equipment and play spaces made available to children did not offer sufficient challenge, enable children to develop their imagination or curiosity. For example, the outdoor area was closed for a large part of time over the lunch period, impacting on children's free flow access to learning through play outdoors. As a result, children were not reaching their full potential.

At the time of inspection there was no planning approaches in place to support children's individual interests. Staff told us they do not plan for children during the summer months. Observations were recorded using an online journal app. However, the quality of individual observations was varied, and these did not always inform the planning of children's play and learning experiences. For example, observations were generic and did not reflect children's individual interests or show progression in their learning. This meant that play and learning was not supported through an effective planning cycle.

When asking parents what they would like to improve they told us:

'Improvement on daily/weekly feedback on activities including photos of children and what they have been doing. Feedback on the learning journal is often general and sometimes is used for sharing information such as lost and found property.'

'The learning journals updates can sometimes be a little repetitive and would be improved with more pictures/videos.'

When sampling the planning processes that the service used during term time, along with children's individual learning journals, we found it was difficult to identify a clear progression pathway and clear individual next steps in children's play and learning. Staff understanding of child development and schemas was varied across the setting. We would encourage the manager and staff to take account of children's individual developmental stage when planning experiences for children. This will further ensure that all children are supported to reach their potential.

To support and enable children to have fun and learn through more purposeful, high quality play experiences, strands of learning should be developed from and linked to their ideas and interests. There needs to be a more integrated approach to tracking children's progress, with a planning format that is individualised and responsive, based on children's interests and reflecting their choices. Staff should continue to build as a team to fully meet children's needs through high quality interactions and observations. This should include extending children's thinking and widening their skills to support them in developing their interests, leading on their play, and learning. It would be beneficial for all staff, including the leadership team, to undertake training to support them in planning, recording and understanding how children play and learn.

(See area for Improvement 4).

Areas for improvement

1. The provider should support the development of attachment led practice through appropriate training, monitoring of staff practice and use of best practice documents. This is to improve consistency of nurturing and warm interactions to enable children to feel secure and loved. This should include developing consistency in approaches to support children's emotional wellbeing at all times.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me." (HSCS 3.9).

2. The manager and staff should streamline information gathered to ensure personal plans are individualised and sufficiently detailed. This should include but not be limited to identifying next steps in learning with focused targets and strategies that are clear and concise for all staff to follow.

This is to ensure 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).

3. To keep children safe and healthy, management should review storage of medication, implement a termly robust audit system and update recording templates to ensure all information is in line with best guidance 'Management of medication in day care of children and childminding services.'

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

4. Outcomes for children should be improved through supporting staff to implement a child-centred approach to observation, planning and assessment of children's learning through play. In addition, staff should be supported in developing their understanding of child development and planning cycles.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity." (HSCS 2.27).

How good is our setting?

3 - Adequate

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Quality Indicator 2.2: Children's experiences and high-quality facilities

The nursery was warm, welcoming, and well ventilated. There was a secure door entry system, and visitors were required to sign in on arrival. Furniture was child sized and there were some areas with soft furnishings for relaxation and comfort. Children were supported in playrooms which had ample space for them to play together or on their own if they wished. Main exits were secured however we have asked management to review the push bar lock on the fire exit gates from the garden to ensure children are kept safe at all times.

When we asked parents about the environment they told us:

'Safe, caring environment for children to play and make friends with others. Staff are generally friendly and welcoming.'

'The welcoming and friendly environment.'

'The nursery is always clean and tidy.'

Throughout the nursery children had some open ended and natural loose parts resources to develop children's imagination and curiosity. However these were limited, we would ask the provider and manager to review resources to develop more open-ended resources. Consideration should be given to create an environment that inspires children's imagination with a focus on loose parts play and open-ended resources. This will ensure that children will have more challenging opportunities to discover and explore.

Children enjoyed being outdoors and they were free to mix with the children from other age groups. There were opportunities for children to develop skills in risky play, use their imagination, run, and play on balance bikes. However, the outdoor play space was not always available to children at a time to suit their needs as staff closed outdoors for a large part of the day over lunchtime. This impacted on children's choice and the quality of experiences offered to children.

(See area for improvement 1).

Risk assessments were in place, however, these were not always robust. For example, infection prevention and control should be considered in all risk assessments. The management team should review the risk assessments to ensure all risks are identified and protection measures are put in place. This will further ensure children are kept safe.

Accidents and incidents were recorded and shared with parents. We could see the manager had provided staff with an example of how to complete the forms. We would encourage the manager to monitor the quality and accuracy of information recorded on the forms and support staff with this as appropriate.

Management should also implement a monthly audit to identify any trends, patterns and any areas of risk or any changes required to support a safe environment for children.

Staff and children were practicing appropriate infection prevention and control practice, through regular hand washing before lunch, on returning from outdoors and after wiping children's noses. We discussed with management monitoring infection prevention and control practices as part of their quality assurance moving forward to ensure all staff are clear on procedures for when to use personal protective equipment (PPE). This will support staff in reducing the spread of any infection.

The use of CCTV was not well understood in the setting. Management could not evidence that the service was registered with the Information Commissioner's office (ICO) or that they had consulted or informed families and staff of their rights. The service did not have a policy or procedures in place to evidence the arrangements for the use of handling personal information including CCTV. As a result, the arrangements for CCTV do not meet the requirements of current legislation.

(See area for improvement 2).

Areas for improvement

1. In order to support children's health and wellbeing and that children are having the option to play outdoors at a time that suits their needs. The manager should develop staff deployment arrangements to ensure all children can choose when they access outdoors.

This is to ensure children access outdoors at a time that suits their needs consistent with the Health and Social Care Standards which state that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity. (HSCS 2.27).

2. To ensure the setting provides security and safety without impinging on children and staff's rights, the provider should ensure that the use of CCTV is lawful, fair, proportionate and protects their dignity. This should include but not limited to,

- Registering with the information commissioner's office (ICO)
- Develop a policy and procedures to evidence the arrangements of handling personal information including CCTV.
- Gain permission from parents and staff about how their information will be used and stored.

This is to ensure that the service operates and meets the requirements for the use of handling and storing personal information consistent with the Health and Social Care Standards which state that: 'My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used. (HSCS 2.7).

How good is our leadership?

2 - Weak

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

Quality indicator 3.1: Quality assurance and improvements are led well

We found the manager engaged well during the inspection process, taking on advice demonstrating a commitment for improvement. We acknowledge there have been several changes in the team since the last inspection, and the manager was open and honest in relation to the challenges the service had faced since the last inspection.

Parents were welcomed into the service at collection and drop off times, staff took time to feedback to parents when children were returning home. The service was encouraging parents to have an active role in the service, through their online profile app and some play and stay sessions. We would encourage the service to continue to develop links with home through gathering children and parents' views in developing the service further.

We asked parents what they would like to improve and parents told us:

'Better communication about my child's day, more and better communication between the staff and management as I'm having to fill same forms out and repeat myself to them.'

'I would possibly like at some point to have a wee parents evening. I understand the staff work hard and it's a lot to ask. I would like to learn more about the stage my child is at and if there is anything we can work on at home to help continue my child's journey within and outside the nursery.'

We identified concerns around children's individual needs within the baby room and that the service was operating out with their conditions of their registration. This was raised with the management team during the inspection, and following this we issued a letter of serious concern to the service on 1 August 2024. We visited the service again on Monday 5 August 2024 to follow up on the requirement made and found the manager had taken immediate action to reduce the risks to children and keep them safe. While we recognise improvements had been made, this will continue to be monitored at the next inspection.

(See requirement 1).

We sampled recruitment files held for staff employed within the service and found recruitment procedures compromised the welfare and safety of children. Key elements of the process were not followed in advance of staff being recruited. For example, safer recruitment checks in relation to protecting vulnerable groups (PVG) scheme had not been obtained prior to a staff member starting, not all references had been obtained and there was no application forms or details of staff skills and experiences. As a result, some staff had been employed without the required safer recruitment checks being followed. The provider and manager must ensure that all recruitment checks, in line with best practice guidance safer recruitment for better recruitment, are carried out and in place prior to any new staff starting. This is to ensure the safety of children, families, and staff is not compromised.

(See requirement 2).

We found management had developed an improvement plan identifying some service priorities. For example, developing family learning and parental engagement and improving attainment in numeracy. However, the improvement plan did not reflect the services under 3-year-old provision. The processes that were in place were not yet regular or robust enough to ensure procedures were consistently followed or to secure sustained improvement.

Quality assurance now needs to be more firmly embedded into the process of evaluating and improving the nursery as a whole. Where there was evidence of monitoring and evaluation being carried out, we did not see the impact of actions that were identified. Monitoring of the nursery environment and staff practice and engagement requires to be more rigorous. This includes following up actions, promptly, to support the overall delivery of the service and staff practice. This will help to ensure positive outcomes for all children.

It would be helpful for the manager to visit the Care Inspectorate HUB where they will find 'The Model for Improvement' which provides a framework for developing, testing, and implementing changes. This would enable the manager to monitor change and the impact to support more reflective practice and improved outcomes for children.

(See area for improvement 1).

To improve outcomes for children and enhance the nursery as a whole staff would benefit from having more regular one-to-ones with their manager. This would give staff the opportunity to be supported to continue to develop their skills and leadership in a more formal way and reflect on their own development.

As part of the services improvement journey and to support improved outcomes the management team in partnership with children, families and staff would benefit from reviewing the services vision, values, and aims. Developing a shared vision, that reflects the aspirations of children, families, and the wider community, should inform all aspects of nursery life and guide improvements. A whole team approach is required to ensure that any improvements are fully implemented and sustained.

Requirements

1. By 4 October 2024, the provider must evidence a quality assurance plan to ensure that the service is operating within the agreed conditions of registration as detailed below. To do this, the plan should include, at a minimum:

1. Ensure staff in the baby room respond appropriately and are aware of children's individual needs so no child experiences hunger or are upset or distressed for long periods of time.
2. Ensure children are cared for in smaller groups of no more than 9 children with continuity of keyworkers.
3. The layout of the room is reconsidered to create 2 separate sleep areas.
4. There is an additional senior post created to ensure effective monitoring of children's individual care.
5. Ensure both indoor and outdoor spaces are in regular use and children's experiences are planned effectively in smaller groups.

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) with Regulation 3 (Principles) of the Social Care and Social Work Improvement Scotland 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: 'As a child or young person I feel valued, loved and secure' (HSCS 3.10) and 'My care and support meets my needs and is right for me.' (HSCS 1.19).

2. By 4 October 2024, the provider must ensure that staff have been safely recruited following safe and robust procedures. This is in order to ensure children are safe and protected. This must include:

- a 'Protection of Vulnerable Group' (PVG) membership or scheme update has been sought prior to staff commencing in the service.
- two up-to-date references, must be obtained prior to staff starting in the service.
- the service, must at all times follow safe recruitment practices.

This is in order to comply with Regulation 15(b)(i); Regulation 9(c) any person to whom regulation 7(2) (d) Fitness of employees; and Regulation 13(1) Protection of vulnerable groups listings of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure staffing is consistent with the Health and Social Care Standards which state: '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); and 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.25).

Areas for improvement

1. To improve better outcomes for children the manager should develop and implement robust quality assurance systems. This should include but not be limited to:

- self-evaluation of the service as a whole,
- monitoring of safer recruitment, staff practice, quality of experiences, personal plans, medication, and accident and incidents.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards that state, '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?**2 - Weak**

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

Quality Indicator 4.3: Staff deployment

Staff communicated well with each other across the day. We saw examples of staff being flexible in their deployment when their colleagues asked for help. For example, when taking children to the toilet. We discussed the need to revisit staff positioning in the playrooms and when children are outdoors as there were occasions when supervision of children's engagement with each other could have been improved.

We found at times the approach to staffing within the service was not outcome focused. At points across the day there was gaps in specific skills needed to support high quality opportunities for children. For example, 2-3-year-old children were sitting waiting with little engagement while children slept, and staff cleared up after lunch. As a result, opportunities for children at this time were limited.

Staff engagement and interactions at key points of the day, for example during staff breaks, became task orientated rather than an opportunity for high quality engagement and interactions. Children playing football were told to stop when they would have benefited from being outside and there were times when additional staff were needed to support children who were upset and would have benefitted from comfort and support. Whilst we acknowledge that these decisions were being made to balance safety aspects, they do not meet children's overall needs. The manager must ensure that staff are interacting with children and deployed in a way to support children's needs.

(See area for improvement 1 under quality indicator 1.1 nurturing care and support).

At the time of the inspection there had been changes to the staff team and new staff had recently been recruited. An induction checklist was in place for new staff that covered policies and safety procedures. We found the process was not robust and did not take account of individual learning and development needs of staff and there was little consideration of the care, play and learning needs of children. There was a lack of continuity for new staff to be mentored by an experienced staff member. The service should develop robust induction approaches using the national induction resource to ensure new staff are supported to develop their knowledge and understanding of their role and expectations within the service.

(See area for improvement 1).

Areas for improvement

1. To ensure positive outcomes for children, the provider should ensure that effective, personalised arrangements are in place for inducting and developing new staff as set out in the national induction resource. This should include, but is not limited to, ensuring new staff are supported to develop the skills they need through professional learning, modelling of good practice, observation and supportive mentoring.

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).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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	2 - Weak
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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