

Spring OSCARS @ South Morningside Day Care of Children

South Morningside Primary School
116 Comiston Road
Edinburgh
EH10 5QN

Telephone: 07974124202

Type of inspection:
Unannounced

Completed on:
31 January 2025

Service provided by:
Out of School Scotland Limited

Service provider number:
SP2007009266

Service no:
CS2023000134

About the service

Spring OSCARS @ South Morningside is registered to provide a care service to a maximum of 105 primary school aged children at any one time.

The service may operate as follows:

From South Morningside Primary School the service may be provided to a maximum of 71 children of primary school age at any one time. When more than 64 children attend the library must be made available.

From Greenbank Church Hall, Braidburn Terrace, Edinburgh, EH10 6ES the service may be provided to a maximum of 34 children aged between P5 and P7 at any one time.

At the time of the inspection, the provider had not yet opened the service at Greenbank Church. Therefore, this site was not viewed or assessed as part of this inspection.

The designated library space was not being used by the service when more than 64 children attended. We were advised by the service that due to the pattern of attendance for children and some accessing after school activity sessions no more than 64 children attended. The library had been relocated to a separate building in the grounds of the school. We advised that the provider must apply to amend their conditions of registration to reflect the change of use for the designated room agreed within the school. This space must be accessible and available for use each day.

The service is within South Morningside Primary School, Edinburgh and is close to transport links, parks and other local amenities. The accommodation used by the service in this building includes, their own entrance to the basement of the building, use of two open plan dining halls and office space. The school grounds are also used for outdoor experiences. The toilet facilities are located upstairs and staff escort children to these throughout the session. As part of their conditions of registration, the service should also have sole use of the additional room that previously occupied the school library each day.

About the inspection

This was an unannounced inspection which took place on Tuesday 28 January 2025 between the hours of 14:30 and 18:10. We returned to continue the inspection on Wednesday 29 January 2025 between the hours of 13:45 and 18:00.

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 registration information, information submitted by the service to us and intelligence gathered since the previous inspection.

In making our evaluations of the service we:

- spoke with children using the service
- spoke with staff, manager and quality assurance support manager on site. We also spoke with the external interim operations manager by phone
- observed practice, daily routines and children's experiences
- reviewed documents in the service

- reviewed information sent to us by email
- took into account feedback we received from ten families through an online survey.

We provided feedback to the manager and quality assurance manager on Friday 31 January 2025.

Key messages

- Children experienced a welcoming environment and had built up positive relationships with most staff.
- Children's personal plans were not effectively used to support their wellbeing. Systems needed to improve to ensure information is consistently reviewed in consultation with families at least once every six months. This would ensure all the necessary information is kept up to date and children's care and support needs effectively planned for.
- Medication systems including the gathering of information, completion of documentation and the storage of medication must improve. This would ensure all the necessary information is in place and medication could be accessed quickly when needed to support children's health and wellbeing needs.
- Children had fun as they were able to choose from a variety of experiences which supported their interests, creativity, imagination and outdoor opportunities.
- Further improvements are needed to ensure that regular risk assessment checks of the toilet facilities and environment are effectively carried out to support children's health and safety.
- Further improvements are needed by the provider to ensure the quality assurance processes are effective and support self evaluation and a culture of sustained improvement.
- Further improvements are needed by the provider to improve upon staffing levels and the mix of staff deployment to support and sustain the consistency of children's individual care and experiences.
- The provider must improve systems to ensure that all staff are registered with the appropriate professional body within the appropriate timescales and that registration is sustained.

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?	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 evaluated the different different parts of this key question as weak and good, with an overall grade of weak. Whilst we identified some strengths these were compromised by significant weaknesses.

Quality indicator 1.1: Nurturing care and support

Children were welcomed into the setting and generally experienced warm and caring approaches by staff. For example, we saw staff checking in with children during the session and asking if any help was needed. Children's requests were also responded to, such as providing additional resources they wanted. Most staff knew the children in their care well whilst newer staff were building positive relationships. This was evident through the staff interactions and engagement with children through their play.

The snack routine needed to improve to support children's experiences and best practice guidance was not being followed. Therefore, the area for improvement from the previous inspection had not been met and remains in place.

Children had snack on arrival to the setting and this was available in both rooms. However, this meant that children could not choose when to have snack. Whilst staff supervised children to support their safety, there was not enough staff to be able to sit with children at all tables to support social engagement opportunities. Children's experiences also varied as those arriving after school clubs had to actively ask staff for their snack to be provided.

Snack menus were not reflective of best practice guidance including providing choices for children. Although dietary requirements were catered for, there was little involvement of children in the planning and preparation of snack. For example, children's suggestions about snack had not been progressed. Feedback we received from families included, "I am not aware of the possibility to choose snacks. Often my child doesn't eat anything because he doesn't like what's on offer and there is no alternative". The arrangements for the planning and delivery of snack items needed to improve to ensure there was a consistent and planned approach to the foods on offer. For example, issues with the delivery of foods had resulted in children having a limited choice and portion size as contingency arrangements were not in place. (see area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Children's personal plans were not fully effective to support their health and wellbeing needs. The area for improvement made in the previous report had not been met and remains in place. Whilst children's overall wellbeing was supported through the gathering of information via the registration form, this was not consistently reviewed with families in line with legislation. Therefore, there was the potential for information to be out of date and as a result any changes to children's care and support needs or strategies of support would not be effectively planned for or known by staff (see area for improvement 2 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Feedback we received from most families outlined that they were were not fully involved in their child's care including developing and reviewing their personal plan. Some comments included, "I'm not convinced any personal plan I have been given to fill out has ever been more than a tick box exercise" and "I'm not aware my child has a personal plan".

Where children had medication needs, this was not all stored appropriately. For example, one cabinet was so full that this would not unlock and had to be forced open by staff. Some children's medication did not have the associated documentation outlining the necessary information and strategies of support to be taken by staff when needed. Some out of date medication was stored either alongside replacement medication provided by families or for children who no longer attended the service. As a result, in the event of an emergency, there was the potential for staff not being able to access medication and the associated information quickly to support children's needs. In line with best practice, all medication and the associated information must be reviewed with families at least once every three months. This would help ensure that accurate information was held and any medication replaced by families prior to any expiry dates. Where further systems were used to assist staff to have an overview of specific medication or medical needs, these must also be kept up to date. For example, to reflect when children no longer attended the setting or when new children started (see requirement 1).

Quality indicator 1.3: Play and Learning

The area for improvement made in the previous report had been met (see area for improvement 3 under 'What the service has done to meet any areas for improvement we made at or since the last inspection'). Improvements had been made to the play and learning opportunities provided and resources had improved.

Children were able to have fun and lead their own play through a variety experiences and resources available. These activities promoted children's choice and engaged children's imagination and creativity. For example, construction, arts and crafts, playdough, a bead activity, football and hide and seek. Children also had the opportunity to learn new skills with staff such as making paper planes and problem solving on how to make them fly far. One child also shared their skills by teaching staff how to play a card game so that they could enjoy this activity together. The development of the art table and structured craft experiences supported children's engagement and independence as they had access through the art trolley to the items they needed. Children's experiences were further enhanced through positive staff engagement during their play. For example, general conversations and discussions resulted in extending their experiences and celebrating achievements. As a result, children were engaged in their play for sustained periods of time and relationships were being built.

Feedback from families included, "I really enjoy that he is encouraged to try a wide range of activities and especially that he's encouraged to play outside wherever possible" and "What would make it better is more footballs for us to play with" and "Some more structured activities and day trips at holiday club".

Some photographs were shared online with families to show children's general engagement in activities. However, information about the planned activities was not shared. This information as well as the evaluation of the activities needed to be reinstated. This would support staff and children to identify what worked well during the session, the purpose of some resources and how to extend children's experiences further. For example, the bead activity was popular on the first day of the inspection and a different activity was provided on the second day. Some children may have benefited from returning to the bead activity if they had ideas about extending their creations or if they had missed this experience.

Some children had updated their personal progress maps to outline their interests. We discussed that dating this information would enable staff to track children's voices and interests over time. This would ensure that the service was responsive to children's changing interests.

Requirements

1. By 10 March 2025, to ensure children's safety and wellbeing, the provider ensure that medication systems including the storage of medication are improved. To do this the provider must, at a minimum develop and implement robust systems to ensure all the necessary information is gathered and documentation completed. Information must clearly outline the strategies of support needed by staff to support children with any medication needs. Medication must be stored safely whilst ensuring staff can quickly locate this and the associated information to support children when needed.

This is to comply with Regulation 4(1)(a) 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 Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

How good is our setting?

3 - Adequate

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

Quality indicator 2.2: Children experience high quality facilities.

The previous area for improvement made has not been met and remains in place. Whilst risk assessments had been developed for the school toilet facilities, these were not consistently or effectively carried out. As a result issues were not identified or reported to the appropriate persons. For example, the hand dryers had cold air, floors were wet, some locks were broken and toilet seats damaged or missing. We were informed that the school toilets were due to be refurbished. However, in the interim, to support children's comfort and wellbeing they should have access to well maintained facilities. Any issues must be reported to the appropriate persons and clearly documented. Action should be taken to ensure children do not use any cubicles that are not fit for purpose (see area for improvement 4 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

The setting was safe and secure with an entry system which staff operated to identify persons prior to them entering the building. Although natural light was limited and windows did not open in the basement, there was a ventilation system and children were able to go outdoors for fresh air during the session.

The indoor layout had improved since the previous inspection. For example, defined areas for different types of play and experiences were set up each day. This supported children's choice and where to play. Children's comfort had been considered as there were cushions and rugs and loose parts resources to support children to use their imagination through craft activities or den building. As outlined in the section 'About the service', the service did not use the additional room within the school as stipulated in their conditions of registration. This was to be progressed by the provider and manager. The service should also further consider the layout of the main play areas to ensure children have access to quieter spaces. For example, the reading area was located next to the piano which a number of children used. As a result children did not have access to a quieter space to read.

The location of where children could store their coats and bags had improved and this meant children could generally find their belongings easily as the area was less cluttered. Boards had also been installed to cover the school storage area in the hall and minimised any access for children as well as enhancing the room.

Children were kept safe as staff worked together to ensure regular headcounts, monitoring of the register and to support for children transitioning to different school activity clubs and identifying the location of children not arriving. Children were also aware of the boundaries of the areas of the playground to be used and staff supported their safety and reminded them of keeping safe during their play, such as when kicking the ball to peers to minimise injuries.

As outlined in the certificate of registration when there are more than 64 children, the additional space in the classroom should be available. This had not been used and was not currently available each day for a contingency space or to offer children and alternative quieter experience (See the 'General information about the service' and also How Good is our leadership? sections of the report).

Children's health and wellbeing was supported as infection prevention and control measures were implemented in the setting. For example, there was a mobile handwashing sink in the main playroom area for children to wash their hands before eating. We discussed that a further unit and staff monitoring handwashing would support effective handwashing routines by all children.

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.

Quality indicator 3.1: Quality assurance and improvement are led well

The area for improvement made in the previous inspection report had not been met and remains in place. This was in relation to developing effective quality assurance systems. Some quality assurance systems had been developed but not sustained. A recent external leadership visit had identified some areas for focussed improvements. However, further support was needed by the provider to ensure there was a shared responsibility to assessing the quality of the service effectively and improvements being sustained.

There were gaps in the areas covered by quality assurance and support was needed by the provider to address inconsistencies, raise standards and sustain improvements. For example, ensuring medication systems were in line with best practice, ensuring children's personal plans were kept up to date and reviewed with families a minimum of once every six months (see How good is our care and support?) and identifying and reporting maintenance concerns about the upkeep of the toilet facilities to the appropriate persons (see How good is our setting?). We also identified that the additional designated room within the school was not accessible to use. As stipulated in the conditions of registration, this should be used when more than 64 children attend the service (see area for improvement 5 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

We identified that not all staff were registered with a professional body such as the Scottish Social Services Council (SSSC), which regulates the early learning and childcare workforce. Therefore, the provider did not have effective systems for ensuring staff were registered. Action must be taken by the provider to ensure effective systems supported staff to gain their registration within the stipulated timescale following their employment. Systems must also ensure that staff maintain their registration. This would safeguard children and minimise any potential risk of staff being unsuitable for their role (see requirement 1).

Due to the staff changes and issues identified in this report, the shared vision and values to inform practice was not consistent. There were key roles being carried out by designated core staff to greet families on

their arrival and to manage the children's register throughout the session. The manager and core staff supported new and interim staff during the session which included directing them to carry out specific roles and also role modelling expectations. This helped children to experience a consistent approach from staff.

New staff were progressing with their induction and further support and monitoring was needed by the manager and provider to ensure that the mandatory training and records of achievements were completed. Team meetings also provided staff with the opportunity to reflect on their practice and ensure they understood their roles and responsibilities to safeguard children. For example, child protection scenarios to ascertain their knowledge.

Not all children and families were meaningfully involved to be able to influence change in the setting. Some online surveys had been provided to families to seek their views and some children had been asked for ideas and suggestions. Progress was needed to ensure that there was a consistent approach to gathering the views of families and children and to share the action taken as a result. This would help families and children feel valued and help inform a shared vision. For example, the service had received feedback from children about how to improve snack but this aspect of the service still needed to improve as outlined in the How good is our care, play and learning? section of this report.

Some feedback we received from families about what they liked about the service included, "Friendly, safe, good communication", "Convenient, safe, flexible, staff are lovely" and "Space to play and stuff to do. Friends from school".

Some feedback from families about what would make the service better included, "Reliability "Some more structured activities and day trips at holiday club", "Equipment, staffing numbers, awareness/engagement with children who may not be stimulated but are very quiet so don't voice this", "Not having last minute notifications to pick up children or that the service isn't open due to sickness" and "More equipment outside".

Requirements

1. By 31 March 2025, to ensure children are safe and protected, the provider must have effective systems to ensure the professional registration of staff with the appropriate professional body. To do this the provider must, at a minimum develop and implement robust support and monitoring arrangements for staff to gain and sustain their appropriate professional registration.

This is to comply with Regulation 4(1)(a) 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 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)'.

How good is our staff team?

3 - Adequate

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

Quality indicator 4.3: Staff deployment

The area for improvement made in the previous report had not been met and remains in place. This area for improvement was in relation to the provider ensuring that suitable staffing levels would be maintained at all times. They were also to ensure a consistent approach to staff deployment to support children's choices, interests and their individual support needs.

The approach to staffing was not outcome focussed to support consistency for children. There had been further changes to the core staff team since the previous inspection. New staff had started and inhouse bank staff or external agency staff were used on a regular basis to support the delivery of the service. Whilst the minimum staffing levels were maintained, the deployment of staff did not reflect the gaps in the specific skills, qualifications and experiences of the staff team to sustain high quality outcomes for children. Some feedback from families also outlined that at times the service had to close due to the availability of staff or operate on a reduced service. This had an impact on reliability for families. We advised the service that we must be notified when such occasions occur and of the interim arrangements in place (see area for improvement 6 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Despite the approach to staffing, children had built up positive relationships with core members of the staff team as well as some new staff. For example, some staff and children had fun together during activities such as football, games and arts and crafts. This meant that children were able to approach staff confidently with questions or when they needed any help.

Staff worked together during the session to support the continuity of the routines of the day and ensure children's safety. For example, due to the layout of the building, staff were given designated roles to escort children from school at the end of the day, to the toilet facilities and also to other school activity sessions held in the building. This also ensured that the register was kept up to date and children were accounted for at all times.

Feedback from some families outlined that they did not know the names of staff and that there had been a high turnover of staff. Some comments included, "Don't really know the staff, they are friendly when collecting but I couldn't tell you names or put names to faces. Maybe they could do pictures and names on the app so we knew who was who and what their roles are?" and "They are personable and chatty and likeable" We discussed that sharing staffing information including any interim arrangements may help families get to know staff and who is caring for their child each day.

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 that the snack routine is improved. This should include supporting social interactions with staff, further menu options, the portions provided and the presentation of drinks.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which

state that: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

This area for improvement was made on 8 December 2023.

Action taken since then

Children's experiences varied and those arriving later in the session did not have a designated space to have snack and had to actively ask staff for their snack to be provided.

Children had given feedback about the menu to the service and this was still to be progressed.

Issues with the snack shopping should also be addressed to ensure a consistent and planned approach to the snack foods on offer. For example, issues with the delivery had resulted in children having a limited choice as contingency arrangements were not in place.

Ongoing improvements were needed to the snack routine to ensure children health and wellbeing. This includes ensuring that snack menus were reflective of best practice guidance including improving portion sizes and providing further choices for children.

This area for improvement has not been met and remains in place.

Previous area for improvement 2

To support the wellbeing of children, the provider should ensure that all personal plan reviews are carried out a minimum of once every six months in consultation with families. This should include clearly outlining any changes or updates to the strategies of support and how these will be effectively planned for by staff.

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 8 December 2023.

Action taken since then

Children's personal plans were not fully effective to support their health and wellbeing needs. Whilst children's overall wellbeing was supported through the gathering of information via the registration form, this was not consistently reviewed with families in line with legislation. Therefore, there was the potential for information to be out of date. Therefore, any changes to children's care and support needs or strategies of support would not be effectively planned for or supported by staff.

This area for improvement has not been met and remains in place.

Previous area for improvement 3

To support children's choices, the provider should ensure that play and learning opportunities and resources are improved. These should be reflective of children's interests and encourage their imagination and creativity. This should include both children's indoor and outdoor experiences.

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 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).

This area for improvement was made on 8 December 2023.

Action taken since then

Improvements had been made to the play and learning opportunities provided and resources had improved. As a result, children could choose from a variety of activities which reflected their interests and encouraged their imagination. For example, play dough, arts and crafts, use of the piano, books, den building and outdoor opportunities. Staff engagement also further supported children's experiences. As a result, children were engaged in their play for sustained periods of time.

'This is me' information had also been completed by children to outline their interest and suggestions for activities.

This area for improvement has been met.

Previous area for improvement 4

To support children's safety and wellbeing, the provider should ensure that assessments of the toilet facilities are effectively carried out and any issues identified are reported to the appropriate persons. Any action taken as a result should be clearly documented.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 8 December 2023.

Action taken since then

Risk assessments had been developed for the school toilet facilities but these were not consistently or effectively carried out by staff. As a result issues were not identified or reported to the appropriate persons. For example, the hand dryers had cold air, floors were wet, some locks were broken and toilet seats damaged or missing. We were informed that the school toilets were due to be refurbished. However, in the interim, to support children's comfort and wellbeing they should have access to well maintained facilities. Any issues must be reported to the appropriate persons and clearly documented.

This area for improvement has not been met and remains in place.

Previous area for improvement 5

To improve outcomes for children and ensure that there is a culture of continuous improvement, effective quality assurance processes should be developed to monitor and assess the service and staff practice.

This is to ensure care and support is consistent with the Health & Social Care Standards 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 8 December 2023.

Action taken since then

Quality assurance processes were not effective in identifying areas for improvement needed to support and sustain positive outcomes for children. There were gaps in the areas covered by quality assurance and support was needed by the provider to address inconsistencies, raise standards and sustain improvements.

We also identified that the additional designated room within the school was not accessible to use when more than 64 children attended the service as stipulated in the conditions of registration.

This area for improvement has not been met and remains in place.

Previous area for improvement 6

To support children's health, welfare and safety needs, the provider should ensure that suitable staffing levels are maintained at all times. There should also be a consistent approach to staff deployment to support children's choices, interests and their individual support needs.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 8 December 2023.

Action taken since then

The approach to staffing was not outcome focussed to support consistency for children. The deployment of staff did not reflect that there were gaps in the specific skills, qualifications and experiences of staff to be able to sustain high quality outcomes for children. Some feedback from families also outlined that at times the service had to close due to the availability of staff or operate on a reduced service. This had an impact on reliability for families.

This area for improvement has not been met and remains in place.

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	4 - Good
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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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