

Keith Play Centre Nursery & Rising 3's Group Day Care of Children

Keith Sports and Community Centre
Banff Road
Keith
AB55 5GT

Telephone: 01542 886 142

Type of inspection:
Unannounced

Completed on:
19 March 2025

Service provided by:
Keith Play Centre Ltd

Service provider number:
SP2007008878

Service no:
CS2007143604

About the service

Keith Play Centre Nursery and Rising 3's Group is registered to provide a care service to a maximum of 35 children of whom 25 are aged from 3 years to not yet attending primary school and of whom no more than 10 children are aged 2-3 years at any one time. Children aged 2-3 are accommodated in the room on the first floor. During breakfast club and after school sessions, 13 children of primary school age may attend.

The service operates from two rooms within Keith community centre. The playroom on the ground floor has direct access to a large, secure outdoor play area; the upper floor has separate access via an internal stairway. The playroom on the ground floor shares toilets with the community centre. The service has regular access to the community centre sports hall and swimming pool.

About the inspection

This was an unannounced inspection which took place on 18 and 19 March 2025 between 08:15 and 16:00. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included previous findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations we:

- Spent time with children using the service
- Received six responses to our request for feedback from parents and carers via MS Forms
- Spoke with staff and management
- Observed practice and children's experiences
- Reviewed documents.

Key messages

- Children were cared for by kind and caring staff.
- Children benefited from access to a wide range of resources and experiences, indoors and outdoors.
- Children's personal plans needed to be reflective of children's needs and agreed strategies within them used consistently to support individual children.
- Quality assurance processes including self-evaluation were not yet effective in promoting continuous improvement and good outcomes for children.
- Improvements were needed to ensure all staff were confident in following child protection procedures.
- Staff were not always effectively deployed to meet the changing play and personal needs of children throughout the day.

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 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 experienced warm and caring interactions from staff who knew them well. Staff mostly used calm voices to guide and encourage children and this helped to support their wellbeing. Parents agreed that their children were well cared for by staff. One parent told us, "All staff are friendly, welcoming and make sure any concerns are passed on in person. They show a genuine interest in my child's wellbeing." Whilst children were cared for with kindness, they experienced inconsistent interactions throughout the day. Staff did not always pick up on children's cues for help and support or respond appropriately to their needs. This meant children did not always receive the right support at the right time. This was often due to staff being busy with other tasks such as cleaning. We refer to this further under quality indicator 4.3 where we re-stated and re-worded a previous recommendation as an area for improvement.

The service had gathered a wide range of information about each child's needs and preferences prior to them starting, including information on personal and intimate care needs. This supported staff to effectively care for children in line with family preferences. Arrangements for children who needed to nap had also been agreed with parents. Suitable spaces for sleeping or rest were available in both playrooms and information on nap times and lengths were being recorded. This helped to support children's overall wellbeing.

The approach to mealtimes varied depending on the age range of the children involved. Children with dietary requirements were appropriately catered for in both rooms and during school-aged childcare sessions. Mealtimes in the Rising 3's room were relaxed and sociable, with staff sitting consistently with children and chatting about their day. In the after-school service, children were invited to help prepare snack and tidy away afterwards. The atmosphere was again relaxed, sociable and provided a positive experience with opportunities to build confidence and skills. In the 3-5 playroom, children did not consistently experience positive mealtimes. For example, some children had to sit for considerable lengths of time until they were served. During an outdoor lunch, there was no space at the tables for staff to sit with the children, and at times staff were focused on other tasks. Staff should ensure children are fully supervised during mealtimes to minimise the potential risk of choking. We refer to this further under quality indicator 4.3 where we made an area for improvement. We advised the manager to continue to work with children, families and staff to further review mealtimes, to ensure they are consistently positive and sociable, and promote children's involvement and independence.

Children were encouraged to drink water throughout the day and it was freely available; this supported them to remain well hydrated.

Children were not consistently supported by information held in their personal plans. Plans were in place for each child and these were regularly reviewed by staff and parents. Information had been gathered based on the wellbeing indicators and some plans contained detailed strategies which had been developed through collaboration with families and health professionals. However the service was not consistently using these strategies to support their development. For example, several children required support with communication using symbols or Makaton. We did not observe these being used and we were told that for some children,

the strategies listed were no longer relevant. For other children, who needed extra support to settle or to follow routines, there were no identified strategies, next steps or targets in place. As a result, children's wellbeing needs were not being effectively met. At the last inspection we made a recommendation to ensure that the information in individual plans was up to date and enabled staff to effectively plan for supporting every child's needs. As plans were not being effectively used to support every child's needs at this inspection, we made a requirement to address this (**see requirement 1.**)

Children were not kept safe and protected by staff as they did not have a clear understanding of their role and responsibilities in relation to safeguarding children. Staff had had recent training in core aspects of care including child protection. However they did not demonstrate confidence in identifying when a child had made a disclosure and escalating this to the child protection officer as per the service procedure and national child protection guidance. As a result children's safety and wellbeing was not promoted. We discussed our concerns with the manager and made a requirement to address this (**see requirement 2.**)

1.3 Play and learning

Most children were engaged and seen to be busy at play. Children's physical skills were being developed through energetic play during regular visits to the woodlands, sports hall and swimming pool. The weekly woodlands session enabled children to develop their gross and fine motor skills, and gave them opportunities to assess and manage their own play and risks within a natural environment. This demonstrated good use of the wider community which enhanced children's experiences and enabled them to develop a range of skills.

Within the setting, children could lead their play and learning for large parts of the day. Older children attending the school-age childcare sessions were able to influence the range of spaces and experiences available to them, for example asking to have free flow play between indoors and outdoors. Opportunities for children in the 3-5 room to choose to free flow were more limited; however when the doors were open to the garden many children chose to play outdoors and staff numbers enabled them to do so.

Play experiences promoted opportunities for children to play together, investigate and develop communication skills. Indoors there were opportunities to play with open ended resources including wooden construction blocks and a sand tray. Outdoors, children had space to run around and cycle trikes, and had access to a wide range of toys and fixtures. The Rising 3's room was attractively laid out to provide a variety of spaces and resources for younger children to explore independently. Parents told us that they valued the experiences that their children received in the service. One parent said, "My child loves water play, role play and messy play and the staff always have these types of activities available." Another told us, "My son is an outdoors boy, he absolutely loves the garden/play area outside."

Children benefitted from some opportunities to develop and extend their language, literacy and numeracy skills. For example, books and mark making were available indoors and outside in the literacy shed. We heard conversations throughout the day, and especially when out in the woodlands on the first day of the inspection, where children and adults talked about size, shape and colour. This helped to develop children's numeracy skills.

Although children had fun during play, there were some missed opportunities for staff to stimulate children's interest and enhance their learning. At times, staff had limited interactions with children, for example when reminding them to stay safe. This sometimes interrupted the flow of their play and as a result, children's learning was not progressed. Some group activities were adult-led and children sometimes had to sit and wait for several minutes while the member to staff attended to other tasks or had to support other children. Staff would benefit from additional training to develop their understanding of their role

within play. This would support children to develop their play and reach their full potential. We made an area for improvement to address this (**see area for improvement 1**).

Approaches to planning effectively for play and learning were in the early stages of development. The staff team recorded children's ideas for play and developed some activities around these. They gathered evidence that children's voice had been heard and made observations on how well the children engaged with the activities. Some of these were reflected in individual learning journals and in playroom displays, and this was positive. Whilst we acknowledged that staff were working hard to provide play experiences that reflected children's interests, many of the activities were adult-directed, or lacked appropriate adult input to extend learning. This meant that there were missed opportunities to support children's creativity and choices through their play experiences. We advised the service to review their approach to planning, to ensure that children were offered play and learning opportunities which supported, challenged and extended their learning.

Children were not consistently supported by quality observations and effective assessments. Staff used online learning journals to record observations of children's experiences and share these with parents. Parents told us that they agreed that they were kept informed of their child's experiences in the service. One parent told us, "I really like that we have an online journal that we can see the progress of our child's development, what he's doing while at Rising 3's and we can input information also." However, whilst learning journal entries were regular, they did not consistently identify learning that had taken place or identify individual children's interests and learning needs. There were limited approaches in place to evaluate children's progress and achievements, or to use this information to plan for next steps in learning. We advised the service that reviewing planning for learning, and further training on observations, could enable staff to more effectively identify achievements and plan their next steps.

Requirements

1. By 16 June 2025, the provider must ensure each child receives appropriate care and support and their needs are met.

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

- a) Ensure personal plans set out children's current needs and how they will be met.
- b) Ensure all staff are aware of and understand the information within the personal plans and use this to effectively meet each child's needs.
- c) Ensure personal plans are regularly reviewed and updated in partnership with parents.

This is to comply with Regulation 5(1)(2) – (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). (Requirements for Care Services) Regulations 2011, SSI 2011/210.

This is to ensure care and support is consistent with the Care Inspectorate document Guide for providers on personal planning.

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 16 June 2025, the provider must ensure that children are safeguarded and protected from harm. To do this, the provider must, at a minimum ensure:

- a) Staff are competent, skilled and knowledgeable in relation to local and national child protection guidance relevant to their role.
- b) Staff apply their learning into practice.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

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).

Areas for improvement

1. To support children's care and wellbeing and development needs, the provider should ensure staff have the right skills and attributes. To do this, the provider must, at a minimum, ensure staff are supported to:

- a) Develop their skills in high quality interactions ensuring children experience consistently positive interactions; and
- b) Effectively enable children to facilitate and extend their own play.

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).

How good is our setting?

3 - Adequate

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

Children were cared for in premises that were well maintained. A secure entry system and daily registers helped keep children safe at drop off and pick up times. Risk assessments were in place to identify possible hazards and help prevent accidents.

Children benefited from play spaces that had been significantly developed since the last inspection. Staff had worked hard to improve the learning environment to provide a wider range of real-life resources and open ended, natural materials. For example, the mud kitchen and role play area outside was well stocked with utensils, real food packaging and an old shop till, and we observed children enjoying extended, imaginative play in this area. Sensory den areas had been developed in each of the rooms, which children used for reading or rest. Children attending the school-aged childcare sessions had been consulted and as a result, a height-adjustable table and additional scientific and craft resources had been introduced. The manager regularly reviewed the layout of each room and the outdoors spaces to determine which areas and resources were being used and which needed to be changed. As a result, spaces and resources were interesting and developmentally appropriate.

Children were encouraged and supported to wash their hands effectively at appropriate times. This helped to minimise the spread of infection. We advised the service to provide appropriate handwashing facilities for children when attending the woodland sessions, to afford them the same degree of protection from the spread of infection. Staff demonstrated a good understanding of food safety and procedures for cleaning food preparation areas. This helped to keep children safe.

Arrangements for nappy changing were not in line with best practice guidance. Changes took place within a toilet cubicle, on a changing mat on the floor. This did not minimise the risk of the spread of infection. Children in the 3-5 playroom could not independently access toilets, which were also used by staff from the setting and were open to the public using the community centre. This reduced children's opportunities to be independent, and did not promote their privacy and dignity. Children were kept safe at all times when using these toilets, as a member of staff was always with them. However staff did not have control over the cleaning of these facilities and it was not clear which toilets were for use by children and which could be accessed by adults. This increased the risk of the spread of infection. We discussed with the manager, the need to provide appropriate nappy changing facilities, and to plan for future changes which would enable the service to comply with best practice guidance on the provision of suitable toilet arrangements. We made an area for improvement to address this (**see area for improvement 1.**)

Children and their family's privacy was protected by the safe storage of personal information including paper and electronic files.

Areas for improvement

1. To keep children healthy and safe, the provider should develop a plan, including timescales, detailing how they will ensure that children have access to appropriate toilet and nappy changing facilities. This plan should be shared with the Care Inspectorate.

This is to ensure that care and support is consistent with the Care Inspectorate guidance document, 'Nappy changing for early learning and childcare settings (excluding childminders).'

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

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.

The service had vision, values and aims in place which supported staff and families to understand what to expect from the service. These had recently been reviewed and the manager told us that children and families had been involved in the process. This had been done as part of an improvement plan to increase engagement with parents and families. Other successes within this plan included an increase in opportunities to "stay and play", which had been well attended by parents. The manager told us that the team planned to build on this by offering different activities such as workshops and gardening, and asking parents what they would like to be more involved in. We recognised that this was a positive initiative, as making opportunities for families to spend time in the setting had the potential to enhance outcomes for children. This was especially important since the layout of the setting meant that parents dropped off and

picked up their child from a cloakroom area outwith the playrooms.

Improvement planning was not being used consistently to inform improvements in the quality of the service for children and families. The culture of self-evaluation for improvement was not embedded. Staff did not have regular opportunities to share or reflect on their practice, or to collaborate on improvements. Where changes in practice had been made, they were not always reflective of best practice guidance. For example, in the 3-5 playroom, staff had trialled "family style" mealtimes, where children served themselves from large dishes in the centre of the table. At the time of the inspection the service was consulting with children and parents on a choice between children being served fully by staff or serving themselves "family style." We advised the manager that a return to being served by staff could further limit opportunities for sufficient staff to consistently sit with children, and for children to gain independence and skills around mealtimes.

A quality assurance calendar was in place and a wide range of practice and procedures were monitored. This included monitoring of the contents of personal plans, children's medication and monitoring of individual staff practice. However monitoring had not identified aspects of practice that needed to be improved, such as consistent use of strategies in personal plans, high quality interactions and staff deployment. Feedback given to staff following practice monitoring was not supporting them to change their practice in line with best practice guidance. Audits of the environment had not identified changes that were required to nappy changing areas as a result of updated guidance. Of the areas for improvement (recommendations) identified during the last in-person inspection in 2019, only those relating to the increased provision of quality play resources and spaces had been effectively addressed. Overall, quality assurance and self-evaluation processes were not leading to improved outcomes for children. We made a requirement to address this (**see requirement 1**).

Requirements

1. By 1 September 2025, the provider must ensure improved outcomes for children by implementing effective and robust quality assurance and self-evaluation processes. To do this the provider must, at a minimum, ensure:

- a) Regular and effective monitoring is carried out across the setting, with a clear focus on improving children's outcomes and experiences.
- b) Clear and effective plans are developed to maintain and improve the service.
- c) Regular opportunities for staff to reflect on and evaluate their practice to support continuous improvement should be developed.

This is to comply with Regulation 3 Principles 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 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 benefited from kind and caring interactions from the staff, and this helped them to feel confident, secure and happy. Staff had built positive connections with children and families and demonstrated a good understanding of individual children's daily needs. Arrangements for transitions and communication with families at the start and end of the day were effective. Most parents were happy with arrangements at pick up times and told us that they received sufficient information about their child's day through short conversations and the online learning journal. The service also had an established transition programme for children about to move to the adjacent primary school. This helped to support children and families as they prepared to leave the service, helping them to build confidence and resilience.

There were sufficient staff on duty to meet the required staff to child ratio. However, staff deployment at times was ineffective to meet children's needs. The completion of tasks, such as cleaning and tidying up often took priority over quality interactions with the children. Some routines with the children, for example toothbrushing and handwashing, took a long time to complete as the supporting member of staff was frequently needed for support with other things. As a result, learning opportunities were missed and some children lacked the support they needed. Consideration should be given to the timing, frequency and necessity of routine tasks where these impact on children's experiences and staff flexibility. We made an area for improvement to address this (**see area for improvement 1.**)

Recruitment procedures were in place and all fit person checks and references completed. An induction process was in place for new staff and they were allocated a team member as their mentor. Staff who were relatively new to the team told us that they felt supported by their mentor and other colleagues, and the induction programme, to settle in to the team and gain an understanding of their roles and responsibilities. This helped to keep children safe.

Staff had termly meetings with the manager during which they discussed aspects of their practice, future training requirements and wellbeing. Staff told us that they found these meetings supportive and beneficial. All staff had completed a wide range of training, including an online course run by the local authority covering core childcare topics. They had also recently undertaken the "Education Scotland National Keeping the Promise Award." Staff told us that they were committed to their training and this demonstrated that they were keen to make improvements to their practice and the service as a whole.

Whilst individual staff members had evaluated training they had undertaken, it was not clear how they were supported to implement new practices as a result. The impact of any changes on outcomes for children was not being evaluated. Opportunities to share and reflect on practice and plan improvements were limited to in-service days and termly meetings. Staff would benefit from more regular opportunities to discuss good practice guidance, training and agree and evaluate changes to practice. This would support the service to provide enhanced outcomes for children. At the previous full inspection a recommendation was made, to ensure that training and development supports staff to provide quality experiences for children. We have re-worded the recommendation and re-stated it as an area for improvement (**see area for improvement 2.**)

Areas for improvement

1. To ensure children are safe and receive high quality experiences at all times, the provider and manager should review and make appropriate changes to staff deployment.

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).

2. The manager should ensure that training and development supports staff to provide quality experiences for children. This should include but is not limited to, identifying and providing training to enable staff to meet children's needs; and providing regular opportunities for staff to share, reflect on and evaluate their practice.

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 the 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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The personal (care) plan for the child should provide an accurate reflection of a child's needs and any necessary support. Information should be well organised and include identified strategies/actions that are monitored, updated and implemented, making a difference to children's wellbeing.

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 1 June 2021.

Action taken since then

Personal plans contained detailed strategies for some children, and were regularly reviewed by staff and parents/carers. However the strategies were not being effectively and consistently implemented. Some information was out of date. This meant that some children were not receiving the right care at the right time.

This recommendation has not been met and has been escalated to a requirement.

Previous area for improvement 2

The manager should ensure that training and development supports staff to provide quality experiences for children. This should be achieved through:

- a) Tiered line management induction/supervision with individual staff.
- b) How training will be implemented in practice with a view to making a difference.
- c) Shared learning within the staff team and an opportunity to reflect on practice and methods of recording/evaluation such as personal care plans/medication for example.

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 the 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 are encouraged to be innovative in the way they support and care for me' (HSCS 4.25).

This area for improvement was made on 23 August 2019.

Action taken since then

A detailed induction plan had been developed for new employees, which was helping to support new members of staff to understand their roles and responsibilities.

Supervision with individual staff was offered each term and staff told us that they found this valuable.

The service did not have procedures in place to support staff to implement or review the impact of their training effectively. Staff did not have regular opportunities to share practice or agree changes to practice with a view to enhancing outcomes for children.

This recommendation has not been met and has been re-worded and re-stated as an area for improvement.

Previous area for improvement 3

A continuous and well judged pace of change linked to strong self evaluation for improvement should be established, so that there is a positive impact on outcomes for children. This could be achieved through:

- a) An evaluation of the outcomes related to area for improvement.
- b) The involvement of staff, children and parents/carers.
- c) Observation and reflection by both the manager and staff.

Further guidance is available in the framework document: 'How good is our early learning and childcare?'

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

'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).

This area for improvement was made on 23 August 2019.

Action taken since then

Improvements had been made to the environment, and routine monitoring was being used to identify which areas and resources were engaging children.

The service had made positive steps towards involving children and families in some aspects, such as vision, values and aims, and consultation on mealtimes and stay and play sessions.

Other areas for improvement had not effectively been addressed and routine monitoring had not identified where the service needed to improve, such as the use of agreed strategies set out within personal plans, and quality of interactions.

This recommendation has not been met and has been escalated to a requirement.

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	3 - Adequate
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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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