

Tayport Playgroup Day Care of Children

The Gregory Hall
Queen Street
Tayport
DD6 9NR

Telephone: 07513 260 151

Type of inspection:
Unannounced

Completed on:
26 September 2022

Service provided by:
Tayport Playgroup Management
Committee

Service provider number:
SP2003001578

Service no:
CS2003006950

About the service

Tayport Playgroup is situated within the town of Tayport, close to local amenities including shops, beach, parks and local school.

Tayport Playgroup is registered to provide a care service to a maximum of 40 children under primary school age. The care service will have exclusive use of the premises during the hours of opening. Children must be supervised in the toilet area at all times.

The service is provided from the Gregory Hall in the town of Tayport. They have their own access to the rear of the building with a dedicated outdoor play space. The accommodation includes use of the large hall, stage area, cupboards, toilets, kitchen and dining area. Garden space is accessed across the road within the grounds of the local library for outdoor play and learning experiences.

About the inspection

This was an unannounced inspection which took place on 21 and 22 September 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 15 people using the service and 12 of their parents
- spoke with six staff and management
- observed practice and daily life
- reviewed relevant documents
- spoke with visiting professionals.

Key messages

Children enjoyed regular and positive interactions with members of the community to support their learning within the garden, which also promoted children's physical wellbeing.

The service was being supported by the local authority and this was leading to some improvement in children's play and learning experiences.

Children's personal plan information was not easily accessible to staff who needed this information to help them to plan for and provide appropriate support to children.

Children were at risk of harm because child protection procedures and staff understanding of safeguarding, management of medication and risk assessment needed to improve.

Staff interactions with children should be improved to support positive relationships and increase challenge and learning.

Communication needed to be improved across the service to include effective communication with parents, staff, management and the committee.

Quality assurance processes must be re-established to support continuous improvement of children's experiences in the setting.

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

Most staff praised children during their play, learning and at mealtimes, promoting their sense of wellbeing and achievement. Some were able to talk about the children's individual needs. Children spoke warmly about their favourite staff members and some had developed positive relationships with particular staff. This supported children to feel secure.

Children chose when to go for snack and confidently served themselves. This promoted choice, independence and responsibility. Meals and snacks were healthy and nutritionally balanced. Dietary needs were managed effectively. Lunchtime was unhurried and staff sat with children, promoting a sociable experience. This contributed to children enjoying mealtimes at a relaxed pace. The lunch time experience could be further improved; for example, children sitting in smaller groups would reduce noise levels and increase opportunities to self serve and promote independence. This would also support children to return to their play when finished, enabling greater choice.

Staff engaged with children at their level, however, staff remained within their designated areas. This resulted in several children not having their needs fully met. Staff should be responsive to children's individual needs and interests. Flexibility of staff to move in response to children moving around the setting would support their interests and engagement.

Whilst some children experienced warm and caring interactions, this was not consistent across the day. We were concerned when some staff used a manner and tone which was not supportive of children developing awareness of their emotions. Staff were sometimes slow to respond to crying and upset children. Although the staff team had been learning about nurturing approaches, this had not yet led to improved practice. Staff should further develop their knowledge and practice of nurturing care to support consistent warm interactions and promote children's emotional wellbeing (see area for improvement 1).

The storage and recording of the administration of medication required review. Important information was missing or not consistently recorded on the appropriate forms. We found Calpol stored in a child's bag which was accessible to children and had the potential to cause harm. The management of medication should be improved to follow best practice guidance 'Management of medication in day care and childminding settings' available on our website (see area for improvement 2).

Children's personal learning journals were not being completed consistently. Several 'all about me' forms were missing and there were limited staff observations of children's play and learning recorded. Children's next steps were not being recorded. Staff should gather information to support them to get to know children and improve recording of significant learning, development and next steps (see area for improvement 3).

We identified a number of children who required additional support for their learning or medical needs. Specific personal plans had not been developed with parents for all children who needed them and those held were not regularly reviewed. Staff should develop an understanding of their role in identifying when a child may require additional support and how to provide this.

This should include developing specific strategies where required which are understood by the whole team, enabling children to be appropriately supported in their learning and development (see area for improvement 4).

Children's personal emergency contact information was not available in the building during the inspection. Staff were unable to confirm the location of this missing information. This had the potential to delay contact with parents/carers in an emergency and meant staff did not hold relevant information to meet children's needs. This information must be held in full for all children present, be accessible at all times and reviewed with parents. We acknowledged some positive progress to collect this information was made on the last day of our visit (see requirement 1).

Some staff were able to discuss appropriate practices to support the safeguarding of children. However, not all staff knew where to access the relevant policy, chronologies and who to link with in relation to keeping children safe. Staff were less knowledgeable about wider safeguarding issues and the completion of chronologies was inconsistent. All staff should access further training to ensure appropriate knowledge and understanding of safeguarding procedures. This is to support confidence in taking appropriate action to reduce the risk of harm to children (see requirement 2).

1.3 Play and learning

Children enjoyed lots of opportunities for planting, growing and harvesting their own fruit and vegetables. This promoted children's connection with nature and an understanding of where food came from. Food harvested was used for children's meals which supported their understanding of the seed to plate concept.

Each week members of the local community carried out gardening with the children. This community connection extended children's learning about nature and supported engagement with their local community. We discussed other ways that the service could enhance community connections to provide children with broader learning experiences.

Most children were busy in their play and made use of all areas in the playroom. Regular interactions with staff supported their play; for example, when children were using musical instruments noisily, this was supported by staff to help them learn about rhythm. These interactions contributed to children's enjoyment and learning.

Regular access to the community garden supported children's enjoyment of outdoor play. Using wheeled toys, playing football, climbing and jumping, all contributed to children having fun and promoted their physical wellbeing.

Provision of appropriate and sufficient resources had been enhanced to increase children's access to experiences such as sand and water play. This gave children more variety in their play and promoted choice.

The small garden had been developed. Some loose parts play items supported children's movement skills, strength and confidence. However, development of loose parts play materials could be further enhanced. Resources within the shed could be improved and better organised to allow children's independent access and choice.

Some children appeared bored as play experience offered them limited challenge in their play. Appropriate risky play opportunities had been limited. Enabling children to continue enjoying risky play opportunities in a safe way would promote their learning of risk and how to manage this. Children's sustained engagement, learning and enjoyment could be further promoted through high quality interactions, effective questioning and provision of additional challenging resources (see area for improvement 5).

Children were not involved in planning, which limited their control over how they spent their time. The floor books should be developed to allow children to talk about, re-visit and plan their learning. Staff need to develop an understanding of the planning cycle and use this to support the provision of experiences linked to observations of children's current needs and interests (see area for improvement 6).

Requirements

1. In order to support children's continuity of care, the provider must ensure that all personal information required in the event of an emergency is held for all children attending the service and accessible during hours of operation. This must be reviewed at least once every six months with parents by 21 October 2022.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.15 which states "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".

It is also necessary to comply with Regulation 5 (1) (2) (a),(b),(c),(d) (Personal plans) of the Social Care and Social Work Improvement Scotland Regulations 2011.

2. In order to ensure children are effectively safeguarded, the provider must ensure that all staff are trained to an appropriate level and confident in taking appropriate steps to identify, record and report suspicions of abuse. This should include an understanding of the policy and procedures to follow in regard to child protection. This also includes accurate recording of events through the use of chronologies and appropriate follow up action by 21 October 2022.

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

It is also necessary 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.

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 also 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 provider should ensure that medication systems are appropriate to ensure all relevant information is gathered and administration of medication recorded fully. Medication held should be stored appropriately to ensure children's continued safety.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

3.

The provider should improve consistency and quality of recording information within children's personal learning journals to effectively promote progress and plan for individual needs. This should include capturing personal information to enhance transitions and relationships along with improved recording of significant learning, development and next steps.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

4. The provider should develop and keep under review specific care plan information for children who have additional support needs for learning or health issues. This includes ensuring staff recognise and address additional support needs and the development of and sharing of specific strategies to enable consistency of care and to promote achievement.

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

5. The provider should develop play and learning experiences through planning and provision of appropriate resourcing and skilled interactions to provide challenge and interest. In addition, a review of approaches to risky play experiences through a risk/benefit approach should be employed to increase challenge and opportunities for children.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling." (HSCS 1.30)

6. The provider should ensure that responsive planning approaches are developed which involve children in their planning and reviewing their learning through the use of learning walls and floor books. Also, staff should be supported in developing their understanding of planning cycles with clear links made between planning and learning journals. This is to support children to achieve their potential.

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

Children enjoyed a warm, ventilated and fresh environment. Appropriate furnishings were in good condition which contributed to children's comfort.

Infection control was adequately managed to ensure a clean and hygienic environment which reduced the risk of infection and helped to keep children healthy.

A recent review of the playroom layout had led to development of cosy areas and smaller spaces to promote positive play in smaller groups. These improvements supported most children to be busy in their play and contributed to a homely feeling.

Homemade meals prepared by a cook further contributed to children feeling at home and supported healthy food choices. Safe storage and handling of food effectively promoted children's safety and health. However, we noted that during a period when playgroup staff were responsible for meals, records were not completed and we could not be sure safe practice was maintained. This had the potential to cause illness. Procedures for the safe management of food should always be completed and recorded to ensure children's positive health and wellbeing.

Confidentiality of children's information was not maintained appropriately. We were concerned about the secure storage of information within the setting and advised that this should be improved. The service took steps to address this during the inspection. They should now ensure procedures are in place to enable appropriate access to necessary information, whilst maintaining security and confidentiality.

Risk assessments were not up to date or effective in identifying and addressing risks; for example, the baby gate was broken which had the potential for children to leave the playroom unnoticed. In addition, the extra security measure at the main door was not identified within the risk assessment, although staff were mostly vigilant in ensuring this was switched on.

Maintenance work must be reported and completed within reasonable timescales and risk assessments updated to support children's continued safety (see area for improvement 1).

During outdoor play, children were rinsing their hands in a shared bucket of water. The outdoor sink available was not used and this posed a risk of cross infection. The area for improvement identified at the last inspection has therefore been made again (see area for improvement 2).

Areas for improvement

1.
The provider should ensure that a system is in place to support the reporting and swift action to address maintenance issues to reduce risks to children's safety. In addition, risk assessments should be reviewed to ensure they are robust in identifying all risks and minimising actions. These should be shared with and accessible to staff to ensure their compliance and kept under regular review.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a child, "My environment is secure and safe." (HSCS 5.19)

2. The provider should ensure that children can access running water to wash their hands following messy activities, to reduce their risk of cross infection.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a child, "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support." (HSCS 5.1)

How good is our leadership?

2 - Weak

3.1 Quality assurance and leadership are led well

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

The staff team were working with the local authority to make improvements which were beginning to have some impact on development of the environment. An improvement plan had been developed and provided management with some direction for the service with identified staff responsibilities. However, there was no collective ownership of this as staff were not aware of the improvement priorities and these were not reviewed. Therefore, improvements were limited.

Regular team meetings had been maintained. This provided some limited opportunity for reflection on practice. However, this had not influenced positive change. Meeting agendas should be reviewed to provide opportunity to assess and review progress of the improvement plan as a team. This would support a shared approach to quality assurance and drive improvement.

The revised vision, values and aims of the service were not reflected in practice. These were not yet supporting a shared team approach or improved culture. These should be revisited with staff to promote a positive ethos and a culture of change for improvement.

Feedback from parents highlighted a lack of communication and opportunity to be meaningfully involved in the service. Changes had not been effectively communicated and there was uncertainty about leadership of the setting. Parents' views about the service had not been sought for some time. They were unable to enter the premises to enable them to develop relationships with keyworkers or see their children's experiences in the playgroup. Opportunities for parents to formally and informally provide feedback and influence the service needs to be established. This is to support development of the service to help children reach their full potential (see area for improvement 1).

Policies and procedures had been recently reviewed to support best practice. However, quality assurance systems had not been maintained. Although a quality assurance calendar was in place there was no evidence that tasks had been completed. Direct monitoring of staff practice was not carried out and best practice documents were not used to challenge and motivate staff. Quality assurance approaches must be developed and embedded to support continuous improvement and address concerns highlighted throughout this report. This should include appropriate action planning and involvement of the whole staff team (see requirement 1).

Quality assurance was not moving forward or having an impact due to a breakdown in communication across all members of the management team and the provider.

There was also a lack of understanding about roles across all members of the management team including senior staff members and the committee. The lack of accountability and transparency about roles and responsibilities for all staff had resulted in confusion, a lack of direction and ineffective leadership (see requirement 2).

We reminded the provider that the displayed Certificate of Registration did not hold correct information. We asked the provider to notify the Care Inspectorate of the change of manager immediately. This is to ensure parents know who is in charge and reduce confusion (see requirement 3).

Requirements

1.
In order to support positive outcomes for children, the provider must support the service to develop a culture of improvement through the development and use of robust quality systems. This must include as a minimum, appropriate action plans, direct monitoring, self evaluation and use of quality assurance tools and best practice documents by 8 November 2022.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.19 which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes".

It is also necessary to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

2. In order to re-establish clear leadership for improvement, the provider must ensure that appropriate and competent management is in place with clear lines of accountability and an understanding of defined roles and responsibilities. This is to support the smooth operation, leadership and quality assurance of the service. Communication between all management and staffing must be enhanced to enable appropriate provision by 21 October 2022.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.19 which states "My care and support is consistent and stable because people work together well".

It is also necessary to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

3. In order to comply with legislation regarding a change to manager, the provider must notify the Care Inspectorate when a manager is replaced and confirm their fitness for the role by 14 October 2022.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.23 which states "I use a service and organisation that are well led and managed".

It is also necessary to comply with Regulation 17(2)(a)(b) (Appointment of manager) of the Social Care and Social Work Improvement Scotland Regulations 2011.

How good is our staff team?**3 - Adequate****4.3 Staff deployment**

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

Members of the management team supported the movement of staff where needed, such as during break times and visits to the garden. Break times were managed well, ensuring children enjoyed a supportive experience at mealtimes meaning their play was uninterrupted.

Within the garden area, staff made themselves available to children. They moved freely which supported and extended children's play and learning.

Regular supply staff were used to cover the absence of core staff. This meant children were comfortable with the adults present as they knew them and were familiar with the routines of the setting.

Children and families were not fully aware of, or informed when staff were absent. Some parents told us that they would like to "get to know more about staff" and that "management did not communicate with them". Arrangements for known and extended absences should be communicated effectively and quickly to children, parents and staff. This would enhance children's sense of security and ensure parents are aware of who is looking after their child (see area for improvement 1).

There was a high number of staff working in the service with a mixed level of experience, knowledge and skills. Effective use of these skills could be enhanced; for example, a mentoring programme would encourage the sharing of positive practice. Regular monitoring and supervision by management would promote reflection and high quality interactions between staff and children. In addition, use of the national induction resource for all staff will further support effective practice and improvement (see area for improvement 2).

Areas for improvement

1. The provider should ensure that children, families and staff are aware of any planned and unplanned staff absences and arrangements to support these. This is to ensure children are prepared in advance and parents kept informed about who is caring for their child.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a child, "My care and support is consistent and stable because people work together well." (HSCS 3.19)

2. The provider should ensure that staff practice is improved through supportive mentoring programmes to promote positive role modelling and reflective learning. This should include monitoring of staff practice and regular support and supervision to ensure high quality interactions from all staff. Reference should be made to the National Induction Resource.

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

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

Areas for improvement

Previous area for improvement 1

The provider should ensure that staff address the personal care needs of children with dignity and respect at all times.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a child, "If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected". (HSCS 1.4)

This area for improvement was made on 27 February 2019.

Action taken since then

Child who needed nappy changes were sensitively and discreetly approached by staff and gently led from room by the hand with respectful discussions. These interactions supported children's dignity in regard to their personal care needs. This recommendation has been met.

Previous area for improvement 2

The provider should ensure that all children are given daily opportunities for rich play and learning experiences outdoors. This is to allow them to enjoy access to fresh air, exercise and natural play opportunities.

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

This area for improvement was made on 27 February 2019.

Action taken since then

Children have been supported to engage in lots of opportunities for planting and growing their own fruit and vegetables and harvesting these. The small garden had been developed to provide improved play experiences and children regularly spent time in the garden each morning and afternoon.

They enjoyed some opportunity for physical play such as climbing, jumping, playing football and using wheeled toys. The shed contained a range of boxes with play items within them which were made accessible to children and the garden provided some open ended play opportunities including loose parts play. We could see this area had been developed since the previous inspection.

These experiences could now be extended further, with additional loose parts play materials and a more organised approach to other materials for outdoor play in the garden, such as using the empty storage unit as an investigation station, to contain baskets of different play materials for example; for bird watching, bug hunting, story books, etc. which would make it easier for children to lead their own play, be independent and tidy up.

This recommendation has been met, with encouragement to continue to develop these outdoor play experiences to ensure further challenge to children, which is addressed within another recommendation made under quality indicator 1.3.

Previous area for improvement 3

The provider should enhance opportunities for children to access open ended, creative play experiences through a variety and sufficiency of relevant resources. This is to provide children with further challenge, enjoyment and imaginative play and learning opportunities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a child, "my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials". (HSCS 1.31)

This area for improvement was made on 27 February 2019.

Action taken since then

We recognised efforts made to develop resources within the room to increase provision of core resources, balanced with opportunities to access core provision within the garden area; for example, sand was available in both garden areas for children's play outdoors. Water trays were also in place outdoors, however, were not in use due to reasons which could have been quickly rectified as staff told us they just needed to be cleaned. Regular monitoring of provision should be carried out to ensure full provision for children and is addressed within an area for improvement under quality indicator 3.1. This area for improvement has therefore been met.

Previous area for improvement 4

The provider should ensure that children can access running water to wash their hands following messy activities, to reduce the risk of cross infection.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a child, "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support." (HSCS 5.1)

This area for improvement was made on 27 February 2019.

Action taken since then

Shared basins of water used for washing hands following messy activities within the playroom had been removed, reducing the risk of cross contamination. However, we found children were using hand gel instead of the outdoor hand washing sink available in the garden area. Also, all children rinsed their hands in a shared bucket of water after gardening. We advised that hand gel should not be used for children under the age of five years old where there are hand washing facilities available. The outdoor sink was not seen to be used and staff confirmed they were not using this. This area for improvement has therefore been made again.

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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