

# Stonehaven After School Club

## Day Care of Children

Stonehaven Community Education Centre  
Bath Street  
Stonehaven  
AB39 2DH

Telephone: 07710 515 640

**Type of inspection:**  
Unannounced

**Completed on:**  
29 September 2025

**Service provided by:**  
Stonehaven After School Club

**Service provider number:**  
SP2006008357

**Service no:**  
CS2006123466

## About the service

Stonehaven After School Club is situated within the Community Education Centre in Stonehaven, Aberdeenshire. The service is registered to provide a care service for a maximum of 60 school-aged children at any one time. The registration states children have access to the outdoor hall, red and blue rooms, and a fully enclosed outdoor playground.

The service is close to parks, a beach, local primary schools, and other amenities.

## About the inspection

This was an unannounced follow up inspection which took place on 17 September 2025 between 14:45 and 18:00, 18 September 2025 between 16:00 and 16:30, and 29 September 2025 between 15:00 and 16:45. The inspection was carried out by three inspectors from the Care Inspectorate.

The inspection focused on the requirements and areas for improvement made during the previous inspection on 16 June 2025. We evaluated how the service had addressed these to improve outcomes for children. During this follow up inspection, we increased the evaluation for 'Quality indicator 2.2: Children experience high quality facilities' from unsatisfactory to weak because the service had made progress by improving the quality of environment and complying with the conditions of their registration. We also increased the evaluation for 'Quality indicator 1.1: Nurturing care and support' from weak to adequate because of the impact of effective use of personal plans and safe snack experience.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service, and intelligence gathered since the last inspection.

In assessing progress with the requirements and areas for improvement, we:

- spent time with children using the service
- spoke with the provider, staff, and management
- observed practice and children's experiences
- reviewed documents.

## Key messages

- Sufficient progress had been made in addressing some of the concerns from the previous inspection.
- We identified three unsecure access points to the blue room where unauthorised users could enter. Due to the risk concerning children's safety, we issued a letter of serious concern to the provider and made a new requirement.
- Six requirements had been met. One requirement and one area for improvement remained unmet and three new areas for improvement were made.
- We have extended the requirement timescale and continued the area for improvement to allow the service further time to make the improvements needed.
- The management team submitted an action plan demonstrating how they will meet and sustain the outstanding requirement and area for improvement regarding safety of children at snack times.
- Improvements had been made to the standards of cleanliness and some maintenance work had been completed.
- The provider, manager, and staff were committed to supporting the development of the service.
- Quality assurance systems needed to improve to ensure children experienced consistently positive outcomes.

## 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?	3 - Adequate
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak

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

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

3 - Adequate

### Quality indicator 1.1: Nurturing care and support

Some improvements had been made to children's snack time experiences. This resulted in improved outcomes for children and the requirement being met (see section 'What the service has done to meet any requirements we made at or since the last inspection' at the end of this report). A new area for improvement has been made around children being consistently supervised and supported by adults when eating to address outstanding issues (see area for improvement 1).

Improvements to children's personal plans resulted in improved outcomes for children and the requirement being met (see section 'What the service has done to meet any requirements we made at or since the last inspection' at the end of this report).

As a result of the improvements and positive impact these were having on outcomes for children, we have re-graded this quality indicator upwards from weak to adequate.

### Areas for improvement

1. To promote a relaxed and sociable experience, the manager and staff should improve snack time experiences. This should include, but is not limited to, staff sitting with children to promote their social skills and consistently support children when eating.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

## How good is our setting?

2 - Weak

### Quality indicator 2.2: Children experience high quality facilities

The service was now complying with the conditions of their registration and spaces where children were cared for were suitable and not over-crowded. However, on the first day of inspection, we identified three unsecure access points which meant that unauthorised users could enter the premises where children were being cared for. This created a potential risk as children's safety was compromised. We raised our concerns with the provider and manager and made a requirement within a letter of serious concern to the service on 18 September 2025. The provider and manager took immediate action to ensure children were safe. This resulted in the requirement being met (see section 'What the service has done to meet any requirements we made at or since the last inspection' at the end of this report).

Some improvements had been made to the environment to promote a welcoming space for children. This resulted in improved outcomes for children and the requirement being met (see section 'What the service has done to meet any requirements we made at or since the last inspection' at the end of this report). A new area for improvement around children experiencing spaces which are comfortable, homely, and remain well maintained has been made to address outstanding issues (see area for improvement 1).

As a result of the improvements and positive impact these were having on outcomes for children, we have re-graded this quality indicator upwards from unsatisfactory to weak.

## Areas for improvement

1. To enable all children to be cared for in an environment that meets their needs and supports them to reach their full potential, the provider, manager, and staff should ensure children experience an environment that is welcoming, well maintained, comfortable, and homely.

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, well maintained premises, furnishings, and equipment' (HSCS 5.24).

## How good is our leadership?

**2 - Weak**

### Quality indicator 3.1: Quality assurance and improvement are led well

Limited progress had been made towards supporting children's health and wellbeing through effective quality assurance processes. The provider and management had more clearly defined roles and had created an action plan to address the requirements. Quality assurance processes were planned for but had not yet taken place. As a result, this requirement has not been met and has been extended.

The management team and provider must now become familiar with and implement best practice guidance and quality assurance processes (see section 'What the service has done to meet any requirements we made at or since the last inspection' at the end of this report). A new area for improvement was also made to address outstanding issues in relation to management roles and responsibilities towards promoting positive outcomes (see area for improvement 1).

## Areas for improvement

1. To promote the safety and wellbeing of children, the provider and manager should ensure identified responsibilities are carried out.

This should include, but is not limited to:

- a) Being familiar with and implementing best practice guidance, such as 'A quality improvement framework for the early learning and childcare sectors: School aged childcare, 2025' within the service to support high quality care.
- b) Ensuring the Care Inspectorate are notified within required timescales of certain events or changes to the service in line with guidance.

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

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

### Requirements

#### Requirement 1

By 15 August 2025, the provider must ensure that children's health, care, and wellbeing needs are met through the implementation of effective personal planning.

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

- a) All children have a personal plan which sets out what their individual needs are and how these will be met.
- b) Personal plans are reviewed and updated in partnership with parents or carers, and children where appropriate, at least once every six months or sooner if required.
- c) Staff are familiar with the information recorded in personal plans and use this to effectively support children.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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 requirement was made on 16 June 2025.**

#### Action taken on previous requirement

Each child now had a personal plan which contained relevant information, specific to their individual needs and preferences. Plans gave a clear overview of each child, including strategies of support linked to their wellbeing needs. Plans were reviewed with parents/carers within the last six months, in line with guidance, to ensure information reflected children's current needs. A new system had been implemented to record when plans had been reviewed to ensure information is kept up-to-date.

We spoke to staff who confirmed that strategies were in place and being used by all staff to ensure support was consistent for children, leading to positive outcomes. Staff were knowledgeable about information within the personal plans as they told us about the children's needs, likes, dislikes, and how these were being met. The information they shared with us was consistent with the details held in plans and reflective of practice we observed. This meant that children were supported by staff who knew them well.

The management team were in the process of developing a system to ensure personal plans were readily accessible to staff, as some plans were stored in a paper folder and others were held digitally. The manager advised all plans would be stored in paper folders for staff to be able to access when required. We suggested having a review sheet within each child's plan to record any changes or updates to children's

information to support staff in identifying any changes to information within the plans and support continuity of care.

### Met - within timescales

#### Requirement 2

By 25 July 2025, the provider must ensure children's safety, health, and wellbeing by complying with the conditions of registration.

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

- a) Children are cared for in the areas and spaces which are on the registration certificate.
- b) Staff/visitors and children to have access to and use separate toilet facilities.
- c) Ensure that children have access to and use the toilets within the outdoor hall and community centre.

This is in order to comply with section 64(1)(b) and (3)(a) of the Public Services Reform (Scotland) Act 2010.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have enough physical space to meet my needs and wishes' (HSCS 5.22).

**This requirement was made on 16 June 2025.**

#### Action taken on previous requirement

Children accessed both the outdoor hall and blue room throughout the inspection. Staff had implemented a new routine to ensure room capacities were adhered to and only spaces which were on the registration certificate were used. Children shared with us some of the activities they had taken part in when using the blue room and were familiar with the new routine. Staff were knowledgeable about the capacity of each room and supported children to move between the spaces within their registration.

Adults and children used separate toilet facilities which helped minimise the risk of spread of infection. Staff directed visitors to the designated toilets for adult only use, in line with guidance.

Children used the toilets in both the community centre and outdoor hall, dependent on where they were spending their time. When using toilets in the community centre, staff ensured children were safe by carrying out safety checks of the area before use and supervising children as they moved to and from the bathroom.

### Met - within timescales

#### Requirement 3

By 15 August 2025, the provider and manager must ensure children experience a clean, safe, and well maintained environment.

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

- a) Staff implement effective infection prevention and control procedures and practice.

- b) Effective cleaning practice is carried out in all areas of the service.
- c) Equipment, furniture, resources, and decoration are clean and in a good state of repair.
- d) Effective handwashing routines are embedded in practice and during key points throughout the session.
- e) Implement an action plan for remedial works to be carried out to improve the environment, materials, and resources with timescales.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.24).

**This requirement was made on 16 June 2025.**

### Action taken on previous requirement

A cleaning schedule had been implemented and checklists evidenced that cleaning was being regularly carried out across most of the environment. Each staff member was responsible for an area of the setting and carrying out daily cleaning of this. This resulted in a visible improvement in the cleanliness of some areas. We identified some areas which still required further cleaning to improve the quality of the environment and raised these with the management team who agreed to action.

Staff demonstrated effective infection prevention and control measures to promote a safe environment. Embedded handwashing routines were in place at key times of the day, such as before eating. Staff supervised this to ensure handwashing was effective. We suggested children should be encouraged to wash their hands after eating, to further help minimise risks of infection. The management team agreed to action this.

An action plan for remedial works to improve the environment with clear timescales had been created and followed. Staff were committed to making required improvements and had worked as a team to carry out some identified repair works, such as painting and re-papering of walls and radiator covers. A gate had been added to the kitchen entrance to prevent children accessing this space when not in use. Some resources which were broken or in a poor condition had been removed and the manager advised new resources had been ordered, which children had been involved in selecting. However, some areas of the room still required repair works or replenished resources. We discussed these with the manager and advised keeping a maintenance log to support the team in recording and reporting any maintenance issues to the relevant people and following up as required.

Some action had been taken to improve the quality of the environment and provide children with clean, safe, and well maintained spaces to use. Overall, the environment was cleaner and more inviting, which supported children to feel welcomed and conveyed the message that they matter. Several children commented on the improved quality of the environment. They shared, "I like the walls. There's pictures and stuff that we made" and "The room is brighter now and I like it". The management team advised that further improvements to the environment were planned for and systems were in place to sustain these. Some parts of the requirement have been met and an area for improvement has been made to address the outstanding cleaning and maintenance issues (see area for improvement 1 in key question 2: 'How good is our setting?').



## Met - within timescales

## Requirement 4

By 15 August 2025, the provider must ensure children's safety and wellbeing and that they experience high quality outcomes and experiences.

To do this the provider must, at a minimum:

- a) Develop effective quality assurance processes that promote children's health, safety, and wellbeing.
- b) Undertake meaningful engagement with children and families to identify and action the improvements that are required.
- c) Undertake a cycle of self evaluation based on the quality framework and implement an improvement plan.
- d) Ensure management and staff are aware of their responsibilities, using best practice guidance and national frameworks and implement this in their practice.

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

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

**This requirement was made on 16 June 2025.**

## Action taken on previous requirement

The provider and management team were supporting the staff team to develop their knowledge of some best practice guidance to support outcomes for children. An action plan had been created to address requirements from the previous inspection. Regular team meetings gave staff opportunities to discuss and reflect on progress.

Quality assurance processes were at an early stage and did not yet ensure high quality outcomes for children. For example, further work was needed to monitor the environment and staff practice to support children's play and learning. The management team advised a quality assurance calendar was in place and shared plans to undertake monitoring of staff practice across the setting. Formal self evaluation had not yet been embedded and we were advised that regular audits of key documents, such as personal plans, had been considered but had not yet taken place. Further development was needed to involve children, families, and staff in self evaluation and quality assurance using best practice guidance to identify and support continuous improvement. This would support the delivery of high quality provision leading to improved outcomes for children and promote their safety and wellbeing.

This requirement has not been met and has been extended until 1 December 2025.

## Not met

## Requirement 5

By 25 July 2025, to promote the safety and wellbeing of children, the provider must ensure there are clearly defined roles and responsibilities amongst the provider, management team, and staff.

This must include, but is not limited to:

- a) The provider and manager have a clear understanding and implement best practice guidance and quality framework to support high quality care.
- b) Ensure that the Care Inspectorate are notified within required timescales of certain events or changes to the service in line with guidance.
- c) Ensure that recruitment and selection of staff meets the legislative and regulatory requirements in relation to safer recruitment.
- d) Ensure relevant individual proposals are submitted on the Care Inspectorate digital portal to allow suitable background checks to be carried out.

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

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

**This requirement was made on 16 June 2025.**

### Action taken on previous requirement

Following the previous inspection, relevant checks were carried out to give assurance of the provider's suitability for the role. While no new staff had been recruited since the last inspection, the manager demonstrated a clear understanding of the Care Inspectorate's guidance 'Safer Recruitment Through Better Recruitment' and confidently spoke about how this would be implemented in future. The manager had also carried out necessary checks retrospectively, such as obtaining references for staff, to ensure children were safe and cared for by staff who were suitable for the role.

We identified two notifiable events which had not been submitted to the Care Inspectorate in line with guidance. We discussed this with the manager and signposted them to the Care Inspectorate's 'Early learning and childcare services: Guidance on records you must keep and notifications you must make, March 2025' to support in keeping children safe. The manager agreed to submit the notifications retrospectively and become familiar with the guidance to ensure future notifications are made, within required timescales.

The management team were in the early stages of becoming familiar with best practice guidance, including 'A quality improvement framework for the early learning and childcare sectors: School age childcare, 2025' to support high quality care. This was not yet being used as a quality assurance tool to identify strengths and areas for development and further work was required to implement this to promote high quality care.

Progress had been made to ensure the provider and staff had the relevant background checks and were suitable for their role. The manager acknowledged further work was needed to embed best practice guidance and was committed to make the necessary improvements and take action. Some parts of the requirement have been met and an area for improvement has been made to address the outstanding issues

around using best practice guidance and making notifications as required to support keeping children safe (see area for improvement 1 in key question 3: 'How good is our leadership?').

### Met - within timescales

#### Requirement 6

By 13 June 2025, the provider must ensure children are kept safe at meal and snack times.

To do this the provider must, at a minimum:

- a) Ensure children are effectively supervised and supported by staff during meal and snack times.
- b) Ensure staff have the knowledge and understanding of safe mealtime experiences and implement this in practice.
- c) Ensure that staff support children to understand and take appropriate actions to prevent the potential risks of choking.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

**This requirement was made on 12 June 2025.**

#### Action taken on previous requirement

Some improvements had been made to snack and mealtimes to support the safety and wellbeing of children. However, staff did not consistently take appropriate action to support children's safety. On the first day of inspection in the outdoor hall, staff sat with children as they ate, ensured there was sufficient space for children to sit, and were mindful of their positioning to provide effective supervision to keep them safe. In the blue room, children were encouraged to sit in rows of seats and did not use tables. Adults were task-focused and did not sit with children or remind them to remain seated when eating to promote positive eating habits and safety. We raised this with the manager on the first day of inspection and they agreed to take action, including creating an action plan of how the requirement would be met and sustained to consistently support children's safety during snack.

We followed this up on 29 September 2025, where a new routine had been implemented. Children had similar snack experiences across both the outdoor hall and blue room which was relaxed and safe. Children and staff were familiar with the routine and they were consistently reminded to remain seated when eating which promoted their safety. Staff spoke positively about the new routine and advised it promoted a much calmer snack experience for children. At times, staff left the table to carry out other duties which resulted in inconsistent supervision and limited some children's engagement. We discussed this with the management team who agreed to ensure staff had clearly defined roles and undertake monitoring of practice to promote consistent support for children.

Significant improvements had been made to the overall snack experience. Consideration had been given to further training needs to ensure staff felt confident in implementing this. As the routine had been newly

introduced, the management team advised that further work was needed to ensure this would be sustained and had plans in place to monitor this. Some parts of the requirement have been met and a new area for improvement has been made. The provider and management should ensure children are consistently supported by staff to experience safe and sociable snack and mealtimes (see area for improvement 1 in key question 1: 'How good is our care, play and learning?').

## Met - within timescales

### Requirement 7

By 19 September 2025, the provider must ensure children are kept safe from any unauthorised person entering the premises where children are being cared for.

To do this the provider must, at a minimum:

- a) Ensure fire exit doors are securely closed and cannot be opened from the outside when children are present.
- b) Ensure staff have the knowledge and understanding of risk and that all entry points are safe and secure.

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

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

**This requirement was made on 18 September 2025.**

### Action taken on previous requirement

Following receipt of the serious concern letter in relation to unsecure access points to spaces where children were being cared for, the provider and manager took immediate action.

They ensured all fire doors were securely closed and could not be opened from the outside. Staff deployment was considered to ensure staff remained vigilant of doors. A risk assessment was created and shared with all staff to support them in understanding their role and responsibilities to ensure all access points were secure. When speaking with staff, they advised how they would ensure the risk assessment was used in practice to support children's safety.

A further visit to the service was carried out on 29 September 2025 where we found the provider and manager had made progress to ensure sustained procedures were in place to ensure children's safety. We, therefore, evaluated this requirement had been met.

## Met - within timescales

## 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 learning and development, the provider and manager should ensure children experience high quality play and learning which supports them to have fun and promote curiosity and challenge, relevant to their age and stage of development.

This should include, but is not limited to:

- a) Ensuring staff are knowledgeable in supporting children's learning.
- b) Ensuring the environment is well resourced and inviting for children.
- c) Ensuring staff plan for and evaluate activities and experiences to promote challenge and interest for the children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 to my age and stage, which stimulate my natural curiosity, learning, and creativity' (HSCS 2.27).

**This area for improvement was made on 16 June 2025.**

#### Action taken since then

Since the previous inspection, a weekly planner had been created and displayed so that staff, children, and families were able to see what planned play opportunities were available each day. These considered children's current interests and suggestions through a variety of different experiences.

A children's committee had been created and was being used to extend learning opportunities for children. Children spoke positively about their roles within the committee and valued the opportunities to represent the children's voice in decision making.

Some areas of the environment had been developed, such as the addition of a cosy corner. However, some resources remained in poor condition which did not promote inviting and interesting spaces for children to play and relax. The manager advised that following fundraising efforts, children were involved in choosing many new resources which had been ordered. We identified that in the blue room, children would benefit from having access to more resources to support meaningful play and engagement.

On the last day of the follow up inspection, some new resources had arrived and children were using as consideration had been given to play experiences on offer. In the blue room, children were busy and engaged in purposeful play, such as board games and arts and crafts. Children were using their imagination as they used some new resources in the mud outdoors.

The management team advised that plans were in place to monitor children's interests and engagement through children's evaluation sheets they could complete after activities. We discussed the benefits of using children's views to plan further play and learning experiences. We identified that there was further scope for children to be challenged and stimulated within their play, particularly for older children, and the manager advised resources were being further developed to support with this. We suggested that the implementation of quality assurance monitoring and environmental audits would support staff in using their observations to develop play and learning experiences to promote curiosity, creativity, and stimulation.

**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](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate

How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak

How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak

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