Mid Gavin Nursery
Day Care of Children

Mid Gavin Lodge
Beith Road
Howwood
Johnstone
PA9 1DL

Telephone: 01505 843 953

Type of inspection:
Unannounced

Completed on:
11 September 2026

Service provided by:
Mid Gavin Nursery Limited

Service provider number:
SP2009010310

Service no:
CS2009195007

About the service

Mid Gavin Nursery is a day care of children service situated in the rural area of Howwood in Renfrewshire. The service is within walking distance to the local village, shops and amenities.

The service is registered to provide care to a maximum of 110 children from birth to not yet attending school at any one time.

Children receive care within four playrooms separated by their age and stage of development. Children also have access to changing and toilet facilities within or close to their playrooms. Each age group has access to their own outdoor space. Within the grounds there is also a separate outbuilding that includes a dedicated staff area and children's toilets accessible when playing outdoors. At the time of the inspection there were 35 children in attendance the first day, 39 the second day and 38 on the third day.

About the inspection

This was an unannounced inspection which took place on 8, 9 and 10 September 2026. The inspection was carried out by three inspectors from the Care Inspectorate. This included an inspector from the complaints team who followed up on previous requirements made during a previous complaint investigation.

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:

- Received electronic feedback from families who used the service
- Spoke with staff and management
- Spoke with children using the service
- Observed practice and daily life
- Reviewed documents

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvements are necessary throughout this report.

Key messages

- Children were cared for by kind, warm and considerate staff.
- Children were having fun during play.
- Young children responded positively to singing and rhymes.
- We had concerns that staff were not recruited in a way that promoted children's safety.
- Quality assurance processes needed to be further developed to support positive outcomes for children.
- The manager and provider had made limited progress in improving outcomes for children since the last inspection and complaints visit.
- We were concerned about children's safety within the environment and referred some our concerns to the fire service.
- To safeguard children, staff required further training in child protection.
- Personal plans should be further developed to support children's progress and help meet their individual needs.
- A more consistent approach to staffing was needed to ensure children's needs are met.

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

Leadership	2 - Weak
Children thrive and develop in quality spaces	2 - Weak
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate

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

Leadership 2 - Weak

We made an evaluation of weak for this heading as there were some strengths, but these were compromised by important weaknesses.

Quality indicator: Leadership and management of staff and resources

The service had recently reviewed its values, vision and aims. Staff were involved in the process, and their views had helped shape the final outcome. Children and families had not been consulted during the review, and the values and aims were not consistently reflected in practice. For example, a focus on high-quality resources and outdoor play were identified as an aim but this was not evident across the service. This limited the impact of the values, vision and aims on children's experiences and outcomes.

An action plan was in place. It covered areas including leadership, staffing, play and learning, and health and safety. A few of the identified improvements had been actioned. For example, enhancements had been made to the under-three playrooms, and a fence had been constructed in the garden to secure the area. These changes supported young children to experience a more nurturing environment. However, overall improvements to children's experiences had been limited. While the action plan identified some of the services area for development, there was limited evidence that planned actions had resulted in sustained improvements for children. Several key issues including children's safety, reliance on bank and agency staff and development of quality assurance processes remained outstanding since the previous inspection.

Following a complaints visit to the setting on 28 May 2026, a requirement was made in relation to child protection. At this inspection, the requirement remained unmet. This demonstrated limited capacity to drive and sustain improvements for children. See section of the report 'What the service has done to meet any areas for improvement at or since the last inspection' for further details.

Self-evaluation was at an early stage and staff, children and families were not meaningfully involved in shaping improvements. Staff had started to discuss ways to improve lunchtime routines and outdoor experiences. However, there was limited evidence that these ideas had been implemented in practice. Families also reported limited involvement in service improvement. One parent shared, "I don't think, as a parent, we are involved in developing the service." We discussed with the manager the importance of involving staff, children and families in self-evaluation. This could help identify meaningful improvements and ensure changes positively impact on children's experiences and outcomes.

There were significant gaps in quality assurance systems, including the auditing and monitoring of accidents, incidents, medication, personal plans and risk assessments. This resulted in inconsistencies in medication storage and administration. Risks within outdoor areas had not always been identified or addressed. Important information was not always recorded in personal plans. These weaknesses reduced oversight and increased the potential for children's health, safety and wellbeing needs to be compromised. This limited the service's ability to provide consistent, high-quality care and support for children. At the last inspection of the service, we asked the manager and provider to improve their approach to quality assurance. This was recorded as an 'area for improvement.' We have repeated the area for improvement at this inspection. Further information can be found within the 'what the service has done to meet any areas for improvement at or since the last inspection' section of this report.

Newly recruited staff reported that they felt welcomed and supported within the service. They completed an induction which helped them understand their roles and responsibilities. This included the use of the National Induction Resource. Staff had also been allocated a mentor to provide guidance and support. However, there was limited evidence of regular mentor meetings to review progress, provide feedback, or identify development needs. As a result, opportunities to fully support staff learning and development were not yet embedded.

We were concerned that some staff recruitment had not been undertaken safely to protect children from harm. We identified that a few staff had commenced employment before safety checks including references and a disclosure check had been received. We were not assured that staff were suitably recruited to care for children. We have therefore made a requirement to address this (see requirement 1).

Quality indicator: Staff skills, knowledge, values and deployment.

The service had experienced a period of significant staff turnover, resulting in changes across the staff team. New senior staff had recently been appointed and were still becoming established in their positions. This affected stability within playrooms and limited consistent leadership. The service used regular bank and agency staff to maintain staffing levels. However, they were often used as core members of the team. This meant unplanned absences had the potential to affect the consistency of care and support children received. As a result, children were not always cared for by familiar staff. Several families raised concerns about staffing and one shared, "Sometimes there are agency or new staff in the rooms I've never seen before, and it would be good if this was communicated to the parents." At the previous inspection of the service, we made an area for improvement in relation to staff deployment. At this inspection we raised further concerns about the impact of staff deployment on meeting children's needs. We have therefore escalated the previous area for improvement to a requirement (see requirement 2).

Arrangements for busy periods, including drop-off, pick-up and mealtimes, relied on management and office staff providing support in playrooms. This approach impacted on the managers availability to lead improvements for children at the service. Staff told us that they felt the impact of staffing pressures. One staff member commented, "At times, I do not feel there are enough staff across the day to consistently meet every child's individual needs. There are occasions when we are understaffed, which can make it difficult to provide the level of support some children require." This was also reflected in parental feedback. One parent commented, "Often the managers and office staff are in the rooms at drop off and pick up times, which I don't have an issue with but shows that the nursery doesn't have enough staff to manage the number of children. There are also agency staff used, which again, I don't have an issue with, but it would be good to know if the nursery are actively looking for more staff members."

There was a range of skills, experience and knowledge across the staff team. While some monitoring of playroom practice had taken place, it had not been used effectively to identify staff strengths and areas for development. Training plans were not directly linked to monitoring which meant that staff development was not catered towards meeting children's needs. Staff had not engaged in regular appraisals, which meant that managers did not have a clear overview of workforce strengths, development priorities or deployment requirements. It also meant that staff did not have the opportunity to discuss the barriers that prevented them from delivering high quality care to children. In the absence of appraisals and robust practice monitoring, the manager did not have the ability to ensure that staff skills were matched effectively to children's needs. One leader regularly worked alone within a playroom, which limited opportunities to provide coaching, oversee practice and model high-quality interactions. As a result, opportunities to improve the consistency and quality of children's experiences across the service had been reduced.

Staff did not always have the knowledge, skills and confidence required to respond to children's needs. Significant gaps in understanding of how to keep children safe had the potential to place children at risk of harm. Staff shared their willingness to engage in further learning to promote positive outcomes for children. Some of their comments included, "I feel there would be benefit in providing regular training and refresher sessions for all staff to ensure everyone is confident, up to date with best practice, and delivering consistent, high-quality care" and "I value opportunities for continuous professional development and would like to access a wider range of training to develop my knowledge and skills"

Requirements

1. By 1 December 2026 the provider must ensure that children are protected from harm through safe recruitment. To do this, the provider must, at a minimum ensure that:

a) Protection of Vulnerable Groups (PVG) membership is obtained and assessed before staff are permitted to work with children.

b) References are obtained and assessed before staff are permitted to work with children.

c) New staff members qualifications are verified before they are permitted to work with children.

This is in order to comply with Regulation 9 (1) 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 am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS, 4.24).

2. By 5 January 2027, the provider must ensure that children's needs are met through effective staff deployment.

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

a) Ensure staffing levels are planned and maintained to meet the needs, number and ages of children attending at all times.

b) Deploy staff effectively across the service so that children receive appropriate support, supervision and quality interactions throughout the day.

c) Deploy staff in a way that ensures children receive care form familiar staff who understand their needs.

d) Implement robust contingency arrangements to minimise disruption to children's care and play experiences during planned and unplanned staff absences.

This is in order to comply with section 7(1)(a) and (b) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

Children thrive and develop in quality spaces 2 - Weak

We made an evaluation of weak for this quality indicator, as there were some strengths, but these were compromised by important weaknesses.

Quality indicator: Children experience high-quality spaces.

Overall, the premises were clean, bright and well maintained. Rooms had been painted and offered welcoming spaces for children using the service. However, we identified significant risks that had the potential to impact on children's health, safety and wellbeing.

Following previous advice from the Care Inspectorate, the service had taken some actions to improve safety of the environment for children. For example, fencing had been installed to prevent children from accessing a burn. However other significant risks that had the potential to cause children harm had not been identified or responded to. Stagnant water was found in outdoor play areas such as water troughs and play trays. Stagnant water poses serious health and safety risks to children through potential infections and toxic hazards. We also directed staff to remove baskets attached to the garden fencing. This was carried out on the first day of the inspection to reduce the risk of children exiting the garden independently.

Although daily risk assessments had been undertaken, hazards within the environment had not always been identified or addressed. This demonstrated clear gaps in staff understanding of risk and resulted in children not being consistently safeguarded from avoidable harm. We had significant concerns relating to fire safety and subsequently reported these to the fire service. A fire warden attended the service on the fourth day of our inspection and provided advice to the manager. The manager was advised about safe storage of outdoor gas cannisters and were asked not to dry soft toys on indoor heating sources. The fire service intends to return to the nursery to undertake a full fire audit of the premises. As a result of identified safety concerns, we have made a requirement to ensure children receive care in a safe environment (see Requirement 1).

Although staff and leaders could discuss the benefits of outdoor play, children were not accessing outdoors consistently to promote their wellbeing. Opportunities to support children's need for physical play were not always planned effectively. After spending prolonged periods indoors, some children were observed running around the playroom, indicating that their need for movement and active play had not been fully met.

Each playroom had a kitchen area used to prepare snacks and meals. Whilst most of these areas were generally clean, in one playroom, paints and other resources were stored in the kitchen. This increased the risk of cross-contamination and infection for children. We discussed this with the manager and were satisfied that risks were removed when we returned the following day.

Overall, children and family's personal information was stored securely and in line with data protection requirements. However, some sensitive information relating to a family was displayed on an office wall, creating a risk that confidentiality could be compromised. We discussed this with the manager and highlighted the importance of handling, storing and processing information appropriately to ensure families' privacy and rights were respected.

Requirements

1. By 30 October 2026, the provider must protect children from harm by making sure the environment is safe.

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

a) Ensure the garden is free of stagnant water.

b) Ensure that staff and management identify and remove potential risks to children within the environment.

c) Develop a robust risk assessment of the environment that supports staff in practice to keep children safe.

d) Follow advice from the fire service to ensure children's safety.

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

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

Children play and learn 3 - Satisfactory / Adequate

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Quality Indicator: Playing, learning and developing

Children were busy, settled and mostly engaged in their play. They accessed indoor play spaces independently, making choices about where they wanted to play. Children enjoyed building in the block area, drawing, crafting and reading. Low level cupboards and baskets helped the youngest children self-select toys they wished to play with. In other rooms, resources were accessible, but their quality and organisation varied. Some resources were broken or had missing parts, with few alternatives available. Other materials were stored in cupboards and not presented in ways that encouraged exploration. This limited children's opportunities to follow their curiosity, extend their play and use their imagination.

Younger children benefited from playing with staff who understood the value of stories, songs and repetition in supporting development. Children showed sustained interest in stories and action songs. They regularly chose to join small group experiences with their peers. These interactions supported language development, communication and social skills. Other experiences for younger children needed to be further developed to meet their needs. Some children demonstrated a strong interest in water play as they spent extended periods playing in a hand-washing sink. Staff missed opportunities to build on this interest by providing water play experiences. As a result, children had fewer opportunities to engage in meaningful sensory exploration tailored to their interests and stage of development.

Interactions between staff and children during play were mostly positive. Staff played with children, repeated vocabulary, used mathematical language and offered praise. This supported children's confidence, communication and early learning. However, opportunities to extend learning further were sometimes missed. Staff used few open-ended questions and provided limited opportunities for problem-solving. This reduced opportunities for children to develop critical thinking and deepen their learning through play. We discussed with the manager the need to strengthen staff knowledge of how children learn and develop. This would help staff better support, challenge and extend children's play and learning. We have made an area for improvement to address this (see area for improvement 1).

Staff had worked with local authority teaching staff to develop new planning approaches linked to Curriculum for Excellence and Realising the Ambition. These approaches were in the early stages of being introduced across the service. Although not yet fully embedded, they showed potential to strengthen children's learning journeys by providing a focus on children's interests, needs and progress.

Observations and learning journals demonstrated that staff were aware of many children's skills, interests and achievements. This information was shared with families to support a partnership approach to children's development. Some of the learning journals we sampled contained gaps and incomplete entries, resulting in an inconsistent record of children's progress over time. As a result, children's learning and development needs were not always tracked or evaluated. This reduced staff's ability to plan meaningful next steps that supported children to achieve.

Areas for improvement

1. To ensure that children experience high-quality play and learning experiences, the manager and provider should make sure that staff are supported to develop a better understanding of child development. This should include but not be limited to, providing staff training and development opportunities.

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

Children are supported to achieve — 3 - Satisfactory / Adequate

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Quality Indicator: Nurturing care and support

Children were mostly happy and settled within the service. They had developed positive relationships with peers, supporting their sense of belonging. Staff were kind, caring and warm in their interactions with children. They responded sensitively to children's emotional needs and provided comfort and reassurance when needed. Recent staffing changes and the use of agency and bank staff meant that children had experienced care from different staff. Some relationships were still developing, and some staff were still getting to know how to respond to children's individual preferences, cues and routines. More stable staffing arrangements could help strengthen trusting relationships and provide greater consistency for children.

Each child had a personal plan that contained some information about their needs. For example, details of their family. However, the quality and accuracy of personal plans varied. Some plans had not been updated to reflect children's current needs. A few plans we sampled contained outdated information about sleep routines and mealtimes. Additionally, we found that significant events in children's lives and important updates from partnership services were not always followed up on or recorded accurately. We were therefore not assured that staff had a clear understanding of how to meet children's needs. We have made an area for improvement to address this (see area for improvement 2).

Personal care routines were carried out sensitively and respectfully. Staff sought children's permission before changing clothes, wiping hands and faces and carrying out nappy changes. This approach helped children feel valued and supported their dignity and privacy.

Changing facilities were warm, clean, and well maintained. They promoted privacy and ensured children experienced personal care in a comfortable and respectful environment.

Medication was stored safely and staff were knowledgeable about children's medical needs. However, inconsistencies were identified in medication records, allergy documentation and the use of medication passports. These issues had not been fully identified through auditing processes, indicating that medication administration and recording systems were not always robust and had the potential to impact children's health, safety and wellbeing.

Overall, mealtimes were positive, and children were supervised to support their safety. Staff encouraged children to take some responsibility during mealtimes, such as scraping their plates. Other opportunities to further promote independence were missed. We observed some staff serve food directly to children rather than supporting age-appropriate self-service. As a result, children were not consistently encouraged to make choices, develop confidence, or build self-help skills during mealtimes.

Families experienced warm, welcoming interactions at drop-off and collection times, helping them stay informed about their child's day. However, communication was mainly led by room supervisors, which limited opportunities for all staff to build strong partnerships with families. As a result, communication was not always consistent. One parent noted that communication could sometimes be last minute, although they highly valued the care and atmosphere provided for their children.

Areas for improvement

1. To ensure that children's health welfare and safety needs are met, the manager and staff should ensure that each child has a personal plan that reflects their individual needs. This should include but not be limited to, updating children's personal plans every six months or more often if their needs change.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: '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).

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

Requirements

Requirement 1

By 31 August 2026, the provider must make proper provision for the health, welfare, and safety of children. To achieve this, the provider must, at a minimum:

a) ensure the service's child protection policy and procedures are followed at all times;
b) update the child protection policy to clearly identify who staff must report child protection concerns to;
c) ensure concerns are reported promptly to the appropriate internal leads and external agencies, including Police Scotland and Social Work;
d) ensure there is a complete picture of events by effectively recording all relevant information and this information is available to be shared with the appropriate agencies/relevant individuals; 6 of 7
e) ensure all staff receive further training relating to all aspects of child protection and can demonstrate an understanding of child protection procedures, paying specific attention to:

i. the procedures to be followed should an allegation be made against a member of staff;
ii. the consequences and risks for children in delaying the reporting of incidents.

To be completed by: 31 August 2026 This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

This is to ensure care and support is consistent with Health and Social Care Standard 3.20: I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

This requirement was made on 28 September 2026.

Action taken on previous requirement

Some progress had been made in relation to this requirement. The manager had reviewed the child protection policy, including creating an easy-read version for staff. The child protection and whistleblowing policies had been shared with all staff for reading. Some staff had completed child protection training and were confident in the procedures for reporting protection concerns. The manager had started checking staff knowledge and understanding of child protection procedures. A child protection booklet had also been introduced in each playroom to support staff discussion and learning. These actions demonstrated a commitment to improving child protection practice. However, elements of the requirement remained outstanding. Some staff still [LA4.1]required updated child protection training, and not all staff were aware of the designated child protection leads within the service[LA5.1]. This meant that there was the potential for safeguarding concerns to be not being recognised, reported, or acted upon promptly, which could have a negative impact on outcomes for children.

Further work was needed to ensure child protection procedures were fully understood and consistently implemented across the setting.

We have extended the timescale of this requirement to 30 October 2026.

Not met

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

Areas for improvement

Previous area for improvement 1

To support children's health, wellbeing and safety, the provider should ensure children are cared for in a safe environment. This should include, but not be limited to, identifying and responding to particular risks within the outdoor areas.

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 5.17).

This area for improvement was made on 8 January 2026.

Action taken since then
At this inspection we identified serious concerns relating to the safety of the environment. We have therefore escalated this area for area for improvement to a requirement. This area for improvement is no longer in place. The requirement can be found under key question 'children thrive and develop in quality spaces' within this report.

Previous area for improvement 2

To ensure that there is a culture of continuous improvement both as a service and for individual staff, the provider should ensure that robust quality assurance systems are in place. This should include but is not limited to robust and transparent quality assurance systems for the monitoring and auditing of mentor support and practice for trainees.

This is in order to comply with:
Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 28 July 2025.

Action taken since then
Little progress had been made in strengthening progress of this area for improvement. Although mentoring arrangements were in place, other auditing of the service had failed to identify and respond to strengths and areas for improvement. This had impacted negatively on improving outcomes for children and families. We have therefore repeated this area for improvement and will follow up on progress at the next inspection.

Previous area for improvement 3

To support children's care, play, learning, wellbeing, and safety the provider should make improvement to the staff deployment.

This should include, but not be limited to, ensuring there is enough staff and management across the whole day to meet children's needs, and manage the service well.

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).

This area for improvement was made on 9 October 2024.

Action taken since then

Since the last inspection staffing had not stabilised within the service. We were concerned that the service were relying on extensive use of bank and agency staff to provide care to children. As a result, children were not receiving consistently high-quality care. We have therefore escalated this to a requirement. This area for improvement is no longer in place. The requirement can be found under the heading of leadership within this report.

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) for details of complaints about the service which have been upheld.

Detailed evaluations

Leadership	2 - Weak
Leadership and management of staff and resources	2 - Weak
Staff skills, knowledge, values and deployment	2 - Weak

Children thrive and develop in quality spaces	2 - Weak
Children experience high quality spaces	2 - Weak

Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate

Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.scot

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.gov.scot

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.