



Wisconsin Department of Public Instruction
PUBLIC LIBRARY ANNUAL REPORT
PI-2401 (Rev. 1-18)

S. 43.05(4) & 43.58(6)

FOR THE YEAR 2017

INSTRUCTIONS: Complete and return two (2) original signed copies of the form and attachments to your system headquarters.

Board-approved, signed annual reports for 2017 are due to the DPI Division for Libraries and Technology no later than March 1, 2018.

I. GENERAL INFORMATION					
1. Name of Library		2. Public Library System			
3a. Head Librarian First Name	3b. Head Librarian Last Name	4a. Certification Grade	4b. Certification Type	5. Certification Expiration Date	
6a. Street Address	6b. Mailing Address or PO Box	7. City / Village / Town	8a. ZIP	8b. ZIP4	9. County
10. Library Phone Number	11. Fax Number	12. Library E-mail Address of Director			
13. Library Website URL		14. No. of Branches	15. No. of Bookmobiles Owned	16. No. of Other Public Service Outlets	
17. Does your library operate a books-by-mail program?	18. Some public libraries are legally organized as joint libraries, with neighboring municipalities or a county and municipality joining to operate a library. Is your library such a joint library legally established under Wis. Stat. s. 43.53?				
19a. Winter Hours Open per Week	19b. Number of Winter Weeks	19c. Summer Hours Open per Week	19d. Number of Summer Weeks		
20. Square Footage of Public Library	21. Did your library or a branch move to a new facility or expand an existing facility during the fiscal year?			22. DUNS Number <i>Nine digits</i>	
II. LIBRARY COLLECTION					
		a. Number Owned / Leased		b. Number Added	
1. Books in Print <i>Non-periodical printed publications</i>					
2. Electronic Books <i>E-books</i>					
3. Audio Materials					
4. Electronic Audio Materials <i>Downloadable</i>					
5. Video Materials					
6. Electronic Video Materials <i>Downloadable</i>					
7. Other Materials Owned <i>Describe</i>					
8. Electronic Collections <i>Locally Owned or Leased</i>					
9. Total Electronic Collections <i>Local, regional, and state</i>					
10. Subscriptions <i>Include periodicals and newspapers, exclude those in electronic format</i>					

III. LIBRARY SERVICES

1. Circulation Transactions				2. Interlibrary Loans			
a. Total Circulation		b. Children's Materials		a. Items Loaned <i>Provided to</i>		b. Items Received <i>Received from</i>	
3. Number of Registered Users				4. Reference Transactions		5. Library Visits	
a. Resident	b. Nonresident	c. TOTAL		a. Method	b. Annual Count	a. Method	b. Annual Count
6. Uses of Public Internet Computers		7. Uses of Public Wireless Internet		8a. Local Electronic Collection Retrievals		8b. Total Electronic Collection Retrievals	
a. Method	b. Annual Count	a. Method	b. Annual Count				
9. Uses of Electronic Materials by Users of Your Library							
a. E-Books	b. E-Audio	c. E-Video	d. Total Uses of Electronic Materials		e. Uses of Children's Electronic Materials		
10. Programs and Program Attendance Annual Count						11. Number of Public Use Computers	
	a. Children (0-11)	b. Young Adult (12-18)	c. Other (all ages)	d. TOTAL	a. Total		
Number of Programs					b. Internet Access		
Total Attendance							

IV. LIBRARY GOVERNANCE

Library Board Members. List all members of the library board as of the date of this report. List the president first. Indicate vacancies. Report changes to the Division for Libraries and Technology as they occur. When reporting such changes, indicate the departing board members.

First Name	Last Name	Street Address	City	ZIP+4	Email Address
PRESIDENT					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
No. of Library Board Members Include vacancies in this count					

V. LIBRARY OPERATING REVENUE*Report operating revenue only. Do not report capital receipts here.***1. Local Municipal Appropriations for Library Service** *Only Joint libraries report more than one municipality here*

Municipality Type	Name	Amount

Subtotal 1

2. County**a. Home County Appropriation for Library Service**

Subtotal 2a

b. Other County Payments for Library Services

County Name	Amount	County Name	Amount

Subtotal 2b

3. State Funds**a. Public Library System State Funds**

Description	Amount	Description	Amount

b. Funds Carried Forward from Previous Year**c. Other State Funded Program**

Subtotal 3

4. Federal Funds *Name of program—for LSTA grant awards, grant number and project title*

Program or Project	Amount

Subtotal 4

5. Contract Income *From other governmental units, libraries, agencies, library systems, etc.*

Name	Amount	Name	Amount

Subtotal 5

6. Funds Carried Forward *Do not include state aid. Report state funds in 3b above.***7. All Other Operating Income****8. Total Operating Income**
*Add 1 through 7***9. What is the 2018 annual appropriation provided by your governing body/bodies for your public library?****10. Was your library's municipality exempt from the county library tax for 2017? Wis. Stat. s. 43.64(2)**

Report operating expenditures from all sources. Do not report capital expenditures here.

2. Employee Benefits *Include maintenance, security, plant operations*

e. Subtotal 3

Amount

Subtotal 4

7. Of the expenditures reported in item 6, what were operating expenditures from federal program sources?

Do not report any expenditures reported above. Provide a brief description of any expenditures.

Expenditure

e. Other

Total Expenditure	
-------------------	--

IX. TRUST FUNDS

1. Total Amount of Trust Funds Held by the Library Board at End of Year	
---	--

X. STAFF

1. Personnel Listing. *Libraries with 15 or fewer employees may report all staff under 1a. Libraries with more than 15 employees, list head librarian, chief assistants, branch librarians, division heads, and other supervisory personnel in 1a. and all other positions in 1b.*

a. Employees Holding the Title of Librarian. Indicate advanced degrees in Type of Staff.

Position	Type of Staff	Annual Salary	Hours Worked per Week	Position	Type of Staff	Annual Salary	Hours Worked per Week
Director / Head Librarian							

b. Other Paid Staff *See instructions*

Position	Type of Staff	Total Annual Wages	Hours Worked per Week	Position	Type of Staff	Total Annual Wages	Hours Worked per Week

2. Library Staff Full-Time Equivalents (FTEs). Divide the total hours worked per week for each category by 40 to determine full-time equivalents.

a. Persons Holding the Title of Librarian

Master's Degree from an ALA Accredited Program (FTE)

Other Persons Holding the Title of Librarian (FTE)

Subtotal 2a

b. All Other Paid Staff (FTE)
Include maintenance, plant operations, and security

c. Total Library Staff (FTE)

XI. PUBLIC LIBRARY LOANS OF MATERIAL TO NONRESIDENTS

1. Of the total circulation reported for your library from Section III, item 1, what was the total circulation to nonresidents *See instructions for definition of nonresident*

Divide nonresident circulation among the following categories. The total of 2 through 6 below should not be greater than the number reported in item 1 above.		a. Those with a Library	b. Those without a Library	c. Subtotal
2. Circulation to Nonresidents Living in Your County				
3. Circulation to Nonresidents Living in Another County in Your System				
4. Circulation to Nonresidents Living in an Adjacent County Not in Your System				
5. Circulation to All Other Wisconsin Residents		6. Circulation to Persons from Out of the State		
7. Are the answers to items 1 through 6 based on actual count or survey/sample?	8a. Does your library deny access to any residents of adjacent public library systems on the basis of Wis. Stat. s. 43.17(11)(b)?	8b. If yes, do you allow residents in adjacent systems to purchase library cards?		

9. Circulation to Nonresidents Living in an Adjacent County Who Do Not Have a Local Public Library

Name of County	Circulation	Name of County	Circulation
a.		f.	
b.		g.	
c.		h.	
d.		i.	
e.		j.	

XII. TECHNOLOGY

- | | | | |
|---|---|--|--|
| <p>1. Does your library provide wireless Internet access for patrons' mobile devices?</p> | <p>2. What type of Internet connection do you have? <i>Mark all that apply</i></p> <p><input type="checkbox"/> a. State TEACH line</p> <p><input type="checkbox"/> b. Other broadband connection
<i>Local cable, telco, community network, etc.</i></p> | <p>3. Does your library use any type of Internet filtering software or service?</p> <p><input type="checkbox"/> a. Yes, on all Internet workstations</p> <p><input type="checkbox"/> b. Yes, on some Internet workstations</p> <p><input type="checkbox"/> c. No filtering on any Internet workstation</p> | <p>4. Does your library use door counters?</p> |
|---|---|--|--|

XIII. LITERACY OFFERINGS AND DROP-IN ACTIVITIES

- | | | | | | |
|--|--|--------------------|------------------------|---------------------|----------|
| <p>1. Literacy Offerings <i>Umbrella events that include programs and/or drop-in activities planned for a limited duration which specifically encourage individuals involved to read or build literacy skills in a focused way.</i></p> | | a. Children (0-11) | b. Young Adult (12-18) | c. Other (all ages) | d. TOTAL |
| Number of Summer Literacy Offerings | | | | | |
| Total Unduplicated Individuals Involved | | | | | |
| Number of Other Literacy Offerings | | | | | |
| Total Unduplicated Individuals Involved | | | | | |
| <p>2. Drop-in Activities <i>Planned, independent activities available for a definite time period which introduce participants to any of the broad range of library services or activities that directly provide information to participants.</i></p> | | a. Children (0-11) | b. Young Adult (12-18) | c. Other (all ages) | d. TOTAL |
| Number of Drop-in Activities | | | | | |
| Total Drop-in Activity Participation | | | | | |

3. Name and email address of primary staff person who serves as the children, youth, or teen librarian. *Only the primary person is displayed here.*

a. First Name	b. Last Name	c. Email Address
---------------	--------------	------------------

XIV. PUBLIC LIBRARY ASSURANCE OF COMPLIANCE WITH SYSTEM MEMBERSHIP REQUIREMENTS

We assure the Public Library System of which this library is a member and the Division for Libraries and Technology, Department of Public Instruction that this public library is in compliance with the following requirements for public library system membership as listed in *Wis. Stats.*

A check (X) or a mark in the checkbox indicates compliance with the requirement.

- ☐ The library is established under s. 43.52 (municipalities), s. 43.53 (joint libraries), or s. 43.57 (consolidated county libraries and county library services) of the Wisconsin Statutes [s. 43.15(4)(c)1].
- ☐ The library is free for the use of the inhabitants of the municipality by which it is established and maintained [s. 43.52(2), 73 Op. Atty. Gen. 86(1984), and OAG 30-89].
- ☐ The library's board membership complies with statutory requirements regarding appointment, length of term, number of members and composition. [s. 43.54 (municipal and joint libraries), s. 43.57(4) & (5) (consolidated and county library services), and s. 43.60(3) (library extension and interchange)].
- ☐ The library board has exclusive control of the expenditure of all moneys collected, donated, or appropriated for the library fund [s. 43.58(1)].
- ☐ The library director is present in the library at least 10 hours a week while library is open to the public, less leave time [s. 43.15(4)(c)6].
- ☐ The library board supervises the administration of the library, appoints the librarian, who appoints such other assistants and employees as the library board deems necessary, and prescribes their duties and compensation [s. 43.58(4)].
- ☐ The library is authorized by the municipal governing board to participate in your public library system [s. 43.15(4)(c)3].
- ☐ The library has entered into a written agreement with the public library system board to participate in the system and its activities, to participate in interlibrary loan of materials with other system libraries, and to provide, to any resident of the system area, the same library services, on the same terms, that are provided to the residents of the municipality or county that established the member library. This shall not prohibit a municipal, county, or joint public library from giving preference to its residents in library group programs held for children or adults if the library limits the number of persons who may participate in the group program, or from providing remote access to a library's online resources only to its residents. [s. 43.15(4)(c)4].
- ☐ The library's head librarian holds the appropriate grade level of public librarian certification from the Department of Public Instruction [s. 43.15(4)(c)6 and Administrative Code Rules PI 6.03].
- ☐ The library annually is open to the public an average of at least 20 hours each week except that for a library in existence on June 3, 2006, annually is open to the public an average of at least 20 hours or the number of hours each week that the library was open to the public in 2005, whichever is fewer [s. 43.15(4)(c)7].
- ☐ The library annually spends at least \$2,500 on library materials. [s. 43.15(4)(c)8].

XV. CERTIFICATION

I CERTIFY THAT, to the best of my knowledge, the information provided in this annual report and any attachments are true and accurate and the library board has reviewed and approved this report.

President, Library Board of Trustees Signature ➤	Name of President <i>Print or type</i>	Date Signed
Library Director / Head Librarian Signature ➤	Name of Director / Head Librarian <i>Print or type</i>	Date Signed

STATEMENT CONCERNING PUBLIC LIBRARY SYSTEM EFFECTIVENESS

As required by Wis. Stat. s. 43.58(6)(c), the following statement with the appropriate wording indicated (that the library system either did or did not provide effective leadership and adequately meet the needs of the library) must be approved by the library board. The decision about whether the library system did or did not provide effective leadership and adequately meet the needs of the library should be made in the context of the public library system's statutory responsibilities and the funding which it has available to meet those responsibilities.*

County

The _____ Board of Trustees hereby states that in 2017, the
Name of Public Library

Name of Public Library System / Service

Indicate with an X one of the following two statements.

- ☐ **Did** provide effective leadership and adequately meet the needs of the library.
- ☐ **Did not** provide effective leadership and adequately meet the needs of the library.

Explanation of library board's response. *Attach additional sheets if necessary.*

* The statement **may** be sent directly to Wisconsin Department of Public Instruction, ATTN: Maria Ingraham, Division for Libraries and Technology, P.O. Box 7841, Madison, WI 53707-7841. This page need not be forwarded to your library system.

CERTIFICATION

The preceding statement was approved by the Public Library Board of Trustees.

Division staff will compile the statements received for each library system and, as required by *Wis. Stat. s. 43.05(14)*, conduct a review of a public library system if at least 30 percent of the libraries in participating municipalities that include at least 30 percent of the population of all participating municipalities report that the public library system did not adequately meet the needs of the library. This statement may be provided to your public library system.

President, Library Board of Trustees Signature

Name of President *Print or type*

Date Signed



COMMENTS

DRAFT