

Please be advised Bibliostat CollectConnect is now using a new interface. If you have accessed or if you believe you may have accessed the old Bibliostat Collect, please click the new link [here](#) and you will be taken to the new interface. Please be sure you exit and close the old Bibliostat Collect before you begin your survey.

Please use the note field to explain answers when necessary.

| | | |
|-----|--------------------------|--|
| 1.1 | SEDCODE | 589300000000 |
| 1.2 | System Name | Suffolk Western BOCES School Library System |
| 1.3 | Beginning Reporting Year | 07/01/2022 |
| 1.4 | Ending Reporting Year | 06/30/2023 |
| 1.5 | Street Address | 31 Lee Avenue |
| 1.6 | City | Wheatley Heights |
| 1.7 | Zip Code | 11798 |

| | | |
|------|--|---|
| 1.8 | Four-Digit Zip Code Extension (enter N/A if unknown) | 1837 |
| 1.9 | Mailing Address | 31 Lee Avenue |
| 1.10 | City | Wheatley Heights |
| 1.11 | Zip Code | 11798 |
| 1.12 | Four-Digit Zip Code Extension (enter N/A if unknown) | 1837 |
| 1.13 | Library System Telephone Number (enter 10 digits only and hit the Tab key) | (631) 595-6834 |
| 1.14 | Fax Number (enter 10 digits only and hit the Tab key) | (631) 623-4916 |
| 1.15 | System Home Page URL | https://www.wsboces.org/instructionsupport/school-library-system/ |
| 1.16 | URL of the system's complete Plan of Service | https://www.wsboces.org/wp-content/uploads/Five-Year-Plan-of-Service-21-26-revised.pdf |
| 1.18 | Area Chartered to Serve (square miles) | 192 |
| 1.20 | County | Suffolk |
| 1.21 | County (Counties) Served | Suffolk |
| 1.22 | School District | Half Hollow Hi |

| | | |
|--|---|-------|
| 1.46 | Four-Digit Zip Code Extension (enter N/A if unknown) | 9007 |
| 1.49 | For the reporting year, has the system experienced any unusual circumstance(s) that affected the statistics and/or information reported (e.g. natural disaster, fire, closed for renovations, massive weeding of collection, etc.)? Indicate Y for Yes, N for No. If Yes, please annotate using the Note. | N |
| 2.2 | FTE (Full-Time Equivalent Calculation) The number of hours per work week used to compute FTE for all budgeted professional positions | 38.75 |
| 2.3 | FTE (Full-Time Equivalent Calculation) The number of hours per work week used to compute FTE for all other budgeted staff positions. | 38.75 |
| (enter to two decimal places; enter decimal point) | | |
| 2.6 | School Library System Director per CR 90.18 (a) (7) - Filled Position FTE | 1 |
| 2.7 | School Library System Director per CR 90.18 (a) (7) - Vacant Position FTE | 0 |
| 2.10 | Librarians - Filled Position(s) FTE | 0 |
| 2.11 | Librarians - Vacant Position(s) FTE | 0 |
| 2.14 | Total Librarians - Filled Position(s) FTE (total questions 2.6 + 2.10) | 1.00 |
| 2.15 | Total Librarians - Vacant Position(s) FTE (total questions 2.7 + 2.11) | 0.00 |
| 2.16 | Total Other Professional Staff - Filled Position(s) FTE | 0 |
| 2.17 | Total Other Professional Staff - Vacant Position(s) FTE | 0 |
| 2.18 | Total Other Staff - Filled Position(s) FTE | 0.5 |

2.19 Total Other Staff - Vacant Position(s) FTE

0

Repeating Group #2 Board/Council Member - complete one record for each current voting Board/Council Member. For each vacant position, select "Vacant" in question 1, and enter N/A in questions 2-10 of the repeating group. You may 1) enter the data for the Board/Council Members directly into the survey as usual or 2) send Baker and Taylor the data for this section to be uploaded into Collect. If you choose to send your data for uploading, you must enter the data into the spreadsheet form available in the survey by clicking [here](#). Complete this form and email it to collectconnect@baker-taylor.com.

- | | | |
|----|-----------------------------------|--|
| 1. | Status: Filled, Vacant | Filled |
| 2. | First Name | Elizabeth |
| 3. | Last Name | Aitken |
| 4. | Institutional Affiliation | Northport-East Northport School District |
| 5. | Professional Title | SLMS |
| 6. | Term Expires - Month or N/A | June |
| 7. | Term Expires - Year (YYYY) or N/A | 2024 |
| 1. | Status: Filled, Vacant | Filled |
| 2. | First Name | Bea |
| 3. | Last Name | Baaden |
| 4. | Institutional Affiliation | Palmer School of Library and Info Science, LIU, CW Post |
| 5. | Professional Title | Director, School Library Program |
| 6. | Term Expires - Month or N/A | June |
| 7. | Term Expires - Year (YYYY) or N/A | 2025 |
| 1. | Status: Filled, Vacant | Filled |
| 2. | First Name | Kim |

| | | |
|----|-----------------------------------|---------------------------|
| 3. | Last Name | Bronzino |
| 4. | Institutional Affiliation | Commack School District |
| 5. | Professional Title | District Lead Librarian |
| 6. | Term Expires - Month or N/A | June |
| 7. | Term Expires - Year (YYYY) or N/A | 2026 |
| 1. | Status: Filled, Vacant | Filled |
| 2. | First Name | Carol |
| 3. | Last Name | Byrne |
| 4. | Institutional Affiliation | Deer Park Public Library |
| 5. | Professional Title | Reference Librarian |
| 6. | Term Expires - Month or N/A | June |
| 7. | Term Expires - Year (YYYY) or N/A | 2024 |
| 1. | Status: Filled, Vacant | Filled |
| 2. | First Name | Cathy |
| 3. | Last Name | Masrour |
| 4. | Institutional Affiliation | Smithtown School District |
| 5. | Professional Title | SLMS |
| 6. | Term Expires - Month or N/A | June |
| 7. | Term Expires - Year (YYYY) or N/A | 2026 |
| 1. | Status: Filled, Vacant | Filled |
| 2. | First Name | Deanna |
| 3. | Last Name | Jakubowsky |

| | | |
|----|-----------------------------------|----------------------------------|
| 4. | Institutional Affiliation | South Huntington School District |
| 5. | Professional Title | SLMS |
| 6. | Term Expires - Month or N/A | June |
| 7. | Term Expires - Year (YYYY) or N/A | 2024 |
| 1. | Status: Filled, Vacant | Filled |
| 2. | First Name | Jill |
| 3. | Last Name | Adler |
| 4. | Institutional Affiliation | St. Anthony's High School |
| 5. | Professional Title | Library Media Center Director |
| 6. | Term Expires - Month or N/A | June |
| 7. | Term Expires - Year (YYYY) or N/A | 2025 |
| 1. | Status: Filled, Vacant | Filled |
| 2. | First Name | Aurelia |
| 3. | Last Name | Cardamone |
| 4. | Institutional Affiliation | Capstone Publishers |
| 5. | Professional Title | Vendor Representative |
| 6. | Term Expires - Month or N/A | June |
| 7. | Term Expires - Year (YYYY) or N/A | 2025 |
| 1. | Status: Filled, Vacant | Filled |
| 2. | First Name | Matthew |
| 3. | Last Name | Covey |

| | | |
|------|---|-----|
| b. | Other system's courier | No |
| c. | BOCES/Big 5 City courier | No |
| d. | Contracted service (paid by System - not on payroll) | No |
| e. | U.S. Mail | No |
| f. | Commercial carrier (e.g., UPS, DHL, etc.) | No |
| g. | Other (specify using the Note) | Yes |
| 5.32 | Number of stops (pick-up and delivery sites per week) | 0 |

For topics not included below please add a repeating group for each 'other' topic in 5.61.

| | | |
|------|------------------------|----|
| 5.33 | Number of sessions | 1 |
| 5.34 | Number of participants | 29 |
| 5.35 | Number of sessions | 2 |
| 5.36 | Number of participants | 7 |
| 5.37 | Number of sessions | 0 |
| 5.38 | Number of participants | 0 |

| | | |
|------|------------------------|----|
| 5.39 | Number of sessions | 1 |
| 5.40 | Number of participants | 11 |
| 5.41 | Number of sessions | 1 |
| 5.42 | Number of participants | 10 |
| 5.43 | Number of sessions | 6 |
| 5.44 | Number of participants | 67 |
| 5.45 | Number of sessions | 1 |
| 5.46 | Number of participants | 11 |
| 5.47 | Number of sessions | 0 |
| 5.48 | Number of participants | 0 |
| 5.49 | Number of sessions | 2 |
| 5.50 | Number of participants | 58 |
| 5.51 | Number of sessions | 2 |
| 5.52 | Number of participants | 9 |

5.69 Indicate services the system provides to special clients (check all that apply):

- | | | |
|----|---|-----|
| a. | Services for patrons with disabilities | Yes |
| b. | Services for patrons who are educationally disadvantaged | Yes |
| e. | Services for patrons who are members of ethnic or minority groups in need of special library services | Yes |
| i. | Other | No |

5.70 Does the system provide other special client services not listed above? If yes, complete one record for each service provided; if no, enter N/A

5.72 Description of fees

Each year the Western Suffolk, Eastern Suffolk, and Nassau School Library Systems collaborate on a Regional Institute. We bring in a nationally known keynote speaker and hold it at a local hotel. Due to the increased expenses, we do charge each attendee a registration fee. This is the only program that involves a fee.

Operating Aid Receipts: Please include all funds used to support the School Library system, including state and federal aid, local aid, COSER funds, contracts and miscellaneous receipts. Note that this is different than Part 13, which only includes state aid.

| | | |
|---------------|--|-----------|
| 6.33 | School Library Systems Basic Aid | \$113,561 |
| 6.34 | School Library Systems Categorical Aid for Automation | \$11,356 |
| 6.35 | School Library Systems Supplemental Aid | \$49,443 |
| 6.36 | Special Legislative Grants and Member Items | \$0 |
| 6.42 for Y | Does the system receive state funding from other sources? Enter Y Aid | |

2. Amount N/A

~~6.43~~ ~~Total Other State Aid (total question #2 of Repeating Group #7 above)~~ ~~\$0~~

~~6.44~~ (total questions 6.33 through 6.36, and question 6.43) \$174,360 T

~~6.45~~ ~~Library Services and Technology Act (LSTA)~~ \$0

~~6.46~~ Does the system receive any other Federal Aid (specify Act and T

| | | |
|------|---|---------|
| 2. | Contracted Service | N/A |
| 3. | Total Contract Amount | N/A |
| 6.50 | (total question #3 of Repeating Group #9 above) | \$0 |
| 6.51 | COSER Receipts | \$9,806 |
| 6.57 | Does the system have other miscellaneous receipts in categories not oe | oe |

6.66 \$7,966

6.67 **GRAND TOTAL RECEIPTS, BUDGET LOANS, TRANSFERS,
AND BALANCE/ROLLOVER** \$192,132
(School Library Systems - total questions 6.60, 6.66)

12.1 Total Operating Fund Receipts (include COSER Funds, State Aid,
Federal Aid, Contracts and Miscellaneous Receipts) \$184,853

12.4 Cash Balance/Ending Balance in Operating Fund at the end of the
previous fiscal year \$0

12.5 **Grand Total Operating Fund Receipts, Budget Loans, Transfers and
Ending Balance (total questions 12.1 through 12.4)** \$184,853

12.6 Total Operating Fund Disbursements (include Staff Expenditures,
Collection Expenditures, Grants to Member Libraries, Capital Expenditures
from Operating Funds, Miscellaneous Expenses, Contracts with Libraries
and Library Systems in New York State) \$184,853

12.8 Ending Balance in Operating Fund at the end of the current fiscal
year \$0
(For School Library Systems, ending balance as of June 30, 2024)

12.9 **Grand Total Operating Fund Disbursements and Ending Balance** \$184,853
(total questions 12.6 and 12.8)

This section of the Annual Report focuses on the reporting of actual State Aid Disbursements during the fiscal year. Record the library system's actual disbursements of formula State Aid funds for each category of formula aid. Do not include COSERs in this section. Include here any expenditures from basic aid and supplemental aid carryover from the previous year. Funds not spent by June 30, 2023 will appear as carryover for the next year. Prior year SLS carryover funds must be spent in the subsequent year. The carryover funds should be spent first if possible. Carryover funds may not be carried over into a third year.

Education Law § 284
 Commissioners Regulations 90.18
 Education Law § 273 (12)
 Commissioners Regulations 90.18

School Library Systems are reporting on disbursements for Basic and Supplemental Aid

Note: For questions which include a choice of "Other" in a drop-down menu, please add a Note of explanation when "Other" is chosen. Also please see individual instructions for these questions for any further requirements

Repeating Group #10 13.1.1 Indicate total FTE and salaries for all system employees paid from each category of state aid; complete one record for each employee.

| | | |
|--------|--|-----------------------|
| 1. | Title | Program Administrator |
| 2. | Total Full-Time Equivalent (FTE) - System Director and Librarians Only | 1.0 |
| 3. | Expenditure | \$83,352 |
| 13.1.2 | | \$83,352 |

Repeating Group #11 13.1.3 Indicate total FTE and salaries for all other system employees, include all support staff; complete one record for each employee.

| | | |
|---------|-------------|---------|
| 2. | Expenditure | \$1,015 |
| 13.1.11 | | \$1,015 |
| 13.1.12 | | |

13.1.23 Provide a brief narrative, no more than fifteen hundred (1500) words, describing the major activities carried out with these State Aid Funds.

The majority of the State funding is used to pay the SLS Director and clerk typist's salary and benefits. There is little left over to run the SLS program. And it gets to be less and less each year. In 22-23 there was \$11,094 to spend. This was spent mainly on providing a Union Catalog and some content for our SORA site. Each year a small salary increase from our BOCES is received. However, the state funding does not increase.

Education Law § 284 (1) (g)
Commissioners Regulations 90.18

School Library Systems are reporting on disbursements for their Automation Aid.

Include here any expenditures from automation aid carryover from the previous year. Funds not spent by June 30, 2023 will appear as carryover for the next year. Prior year SLS carryover funds must be spent in the subsequent year. The carryover funds should be spent first if possible. Carryover funds may not be carried over into a third year.

Note: For questions which include a choice of "Other" in a drop-down menu, please add a Note of explanation when "Other" is chosen. Also please see individual instructions for these questions for any further requirements

Repeating Group #18 13.2.1 Indicate total FTE and salaries for the system director and for each professional system employee; complete one record for each employee.

1. Title

Program Administrator

13.2.7

\$1,451

13.2.8 Does the system expend funds for supply items, postage, library materials, or equipment and furnishings with a unit cost less than \$5,000? Enter Y for Yes, N for No.

- | | | |
|----|-------------|-----|
| 3. | Unit Cost | N/A |
| 4. | Expenditure | N/A |

13.2.13

14.2 Element 2: Special Client Groups - Results

The Long Island School Library Systems' Regional Institute provided three keynote speakers related to working with special client groups. Chris Newell, Director of Education for the Akomawt Educational Initiative spoke about "Centering Native Peoples in Our Own Narratives". Sandy Lanton, a

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- 14.4 Element 4: Consulting and Development Services - Results System Director provided relevant information, largely through emails, for members.
- 14.5 Element 5: Coordinated Services - Results System Director updates the LibGuide with relevant information as needed.
- 14.6 Element 6: Awareness and Advocacy - Results System Director informs Communication Coordinators and all members about services provided by the School Library System on a regular basis.
- 14.7 Element 7: Communication among Member Libraries and Library Systems - Results Three collegial circles were offered for peer sharing. Mentor/Mentee pairs were set up following the New Librarians Orientation. System Director set up 3 sessions during which they could meet in person to share.

14.8 Element 8: Cooperative Efforts with Other Library Systems -
Results

Long Island School Library Systems' 9th Regional Institute was held in collaboration with ESBOCES and Nassau BOCES. This day returned to an in-person one. 163 librarians from the region attended. 48 were from WSBOCES. System Director is also actively involved with SLSA and LILRC.

14.9 Element 9: Other Goal(s) - Results

Not applicable.

PARTICIPANT'S EV

15.4 The Library System operated under its approved Plan of Service in accordance with the provisions of Education Law and the Regulations of the Commissioner, and assures that this "Annual Report" was reviewed and accepted by the System Board/Council on (date - mm/dd/yyyy) 9/21/23

(for New York State Library use only/not a required field)

15.5 The Library System's Annual Report was reviewed and approved by the New York State Library on (date - mm/dd/yyyy)

Library System

Suffolk Western BOCES SLS

Name of Person Completing Form

Sara Kardasz

Phone Number and Extension (enter area code, telephone number and extension only):

6315956834

Please share with us your suggestions for improving the . Thank You!

None at this time.