
A Report to the
Citizens of Salt Lake County
The County Mayor and the
County Council

An Audit of
Salt Lake County
Library Services
Performance Indicators



OFFICE OF THE
SALT LAKE COUNTY
AUDITOR

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COUNTY AUDITOR

April 2022

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OFFICE OF THE SALT LAKE COUNTY AUDITOR
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OUR MISSION

To foster informed decision making, strengthen the internal control environment, and improve operational efficiency and effectiveness for Salt Lake County, through independent and objective audits, analysis, communication, and training.



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April 5, 2022

Honorable Members of the Salt Lake County Council,
Honorable Salt Lake County Mayor, and
The Citizens of Salt Lake County

Re: Performance Audit of Library Services

The Salt Lake County Auditor's Audit Services Division has completed an audit of the Salt Lake County Library Services performance indicators. The purpose of the audit was to evaluate Library Services reported performance indicators to express an opinion on the quality and effectiveness of communicating performance results.

The audit evaluated Library Services internal controls and procedures for collecting, calculating, and reporting performance indicator information to determine if performance measures are accurate, reliable, and relevant to the Library's goals, objectives, and desired outcomes. A detailed report of the objectives conclusions, findings, and recommendations follows this letter. An executive summary of the audit report can be found on page 1.

By its nature, this report focuses on issues, exceptions, findings, and recommendations for improvement. The focus should not be understood to mean that we did not find various strengths and accomplishments. We truly appreciate the time and efforts of the Library Services staff throughout the audit. Our work was made possible by their cooperation and prompt attention given to our requests.

We would be happy to answer any questions you may have about the audit or the findings and recommendations contained in this report.

Sincerely,

Chris Harding, CPA, CFE, CIA
Salt Lake County Auditor

Cc: Jim Cooper, Division Director of Library Services
Robin Chalhoub, Community Services Associate Director



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Executive Summary

Why Audit Services Division Performed This Audit:

The Salt Lake County (the County) Mayor, the County Council, and County Management have expressed significant interest in and have taken steps to have the various county departments develop Key Performance Indicators (KPI). Our office was asked to conduct a performance audit to establish a baseline on the KPI program as reported on CountyStat.

We conducted a performance audit of the Library Services Division (Library Services) to evaluate their outcomes and indicators in CountyStat. We evaluated the accuracy, relevance, and reliability of KPI as well as Library Service's effectiveness of communicating performance results to key users and stakeholders.

Impact on Taxpayers and Residents of Salt Lake County:

Providing the public with KPI's throughout the County will allow for greater transparency and accountability. Performance audits such as this one are necessary to provide reasonable assurance to the public and those charged with governance that the KPI's are accurate, relevant, and reliable.

What Our Audit Found:

The County has overall responsibility for developing the strategy and providing guidance through policies and procedures related to the KPI program being reported on CountyStat.

During the fieldwork we noted that, although Library Services had developed its own KPI's it was not provided with the necessary guidance, by the County, to know what would be expected beyond determining the KPI's and populating the numbers on CountyStat. During our audit we noted that Library Services:

1. Lacked a review and approval process related to KPI.
2. Lacked written procedures.
3. Performance measures were not clearly defined.
4. Adequate supporting documentation was not maintained.
5. Performance measures did not include clear targets, resources, and ownership.

What Audit Services Division Recommend:

We recommend the County issue guidance through policies and procedures related to performance measures. These policies should touch on each of the aspects in our detail findings below and give specific direction for Library Services as well as other departments throughout the County related to performance measures. We recommend the County pause any further performance audits of performance indicators, until further guidance has been issued and departments have implemented it.

We made specific recommendations in each of the 5 areas noted above to Library Services related to its performance indicators. Additional details can be found below in the "Audit Results" section of this report.




Background

The Salt Lake County Auditor’s Audit Services Division has completed an audit of the Salt Lake County Library Services performance indicators. The purpose of the audit was to evaluate Library Services reported performance indicators to express an opinion on the quality and effectiveness of communicating performance results. The audit evaluated Library Services internal controls and procedures for collecting, calculating, and reporting performance indicator information to determine if performance measures are accurate, reliable, and relevant to the Library’s goals, objectives, and desired outcomes.

The Salt Lake County Library Services Division (Library Services) remains the largest public library system in Utah with 18 locations throughout Salt Lake County, two reading rooms – Alta and Byington (South Main Clinic), as well as a location in the Salt Lake County Jail. Available items include physical and digital books, audiobooks, magazines, CDs, and DVDs. Additionally, they provide computers with free Internet access, meeting spaces, and a variety of public programs and events. The mission statement of Library Services is to “Make a positive difference in the lives of our community by inspiring imagination, satisfying curiosity, and providing a great place for everyone to visit.”

Performance Indicator Ratings and Definitions

Table 1. Performance Indicator Ratings and Definitions. *Performance indicators were rated in three different categories: accuracy, relevance, and reliability.*

Performance Indicator Ratings and Definitions	
Rating	Definition
	Performance indicator is accurate, relevant, or reliable – no issues or only minor issues noted.
	Performance indicator is accurate, relevant, or reliable – some minor or moderate issues that agency management should address.
	Performance indicator is <u>NOT</u> accurate, relevant, or reliable – significant issues were identified, and agency management should take corrective actions to address the issues as soon as possible.

Audit Criteria and Definitions

Table 2. Audit Criteria and Definitions. *We evaluated the agency’s internal controls and procedures for collecting, calculating, and reporting performance indicator data; to determine if the reported performance indicator data is accurate, relevant, and reliable.*

Audit Criteria and Definitions	
Criterion	Definition
Accuracy	Performance indicator data was recalculated, and audit procedures were performed to determine if the recalculated data was within a +/- 5% margin of error compared to reported performance results.
Relevance	Performance information should include data that are essential to provide a basis for understanding the accomplishment of goals and objectives of the entity that have potentially significant decision-making or accountability implications. Performance information should be communicated in a readily understandable manner. Performance information should be reported in a timely manner so that it will be available to users before it loses its capacity to be of value in assessing accountability and making decisions.
Reliability	The information should be verifiable and free from bias and should faithfully represent what it purports to represent. It is important that the systems and methods used to gather and verify the information be subjected to analysis similar to that used for financial information systems. Performance information should be reported consistently from period to period to allow users to have a basis for comparing performance over time and to gain an understanding of the measures being used and their meaning.

GASB Suggested Performance Reporting Characteristics

The Governmental Accounting Standards Board (GASB) has established suggested characteristics for evaluating performance data reporting by state and local governmental entities. According to GASB, the suggested performance reporting characteristics should be used to assess the usefulness of performance data reporting for ensuring accountability and transparency to the public, and the overall effectiveness of accurately communicating actual performance results. The suggested characteristics include:

GASB Suggested Performance Reporting Characteristics	
<ul style="list-style-type: none"> • Relevance • Reliability • Understandability 	<ul style="list-style-type: none"> • Comparability • Consistency • Timeliness

As part of the audit, we evaluated the following performance indicators: materials circulation, meeting room usage, public and wireless computer sessions, library visitors, program attendance and childhood

literacy survey outcomes, as well as active and new patrons. A brief description and reported results for each measure are included below:

1.0 Materials Circulation

Materials circulation included physical circulation, eMaterials, and database retrievals (beginning in 2020). Physical circulation was recorded through the integrated library system, Polaris. Retrieval and eMaterial data were reported by each vendor. The data was extracted and compiled by the Library Database Administrator. The information was used to make decisions about purchasing and distribution for each library, as well as which eMaterial and retrieval vendors to contract with.

Circulation			
Year	Target	Actual	Variance
2018	10,016,618	13,270,152	3,253,534
2019	10,289,906	12,985,382	2,695,476
2020	12,000,000	8,193,707*	(3,806,293)

* Library branches were closed for most of 2020 due to COVID-19 restrictions, affecting actual performance results.

2.0 Meeting Room Usage

An instance of public meeting room usage was created when a patron reservation was made. Meeting room usage data was evaluated to determine how to respond to community demands. When planning new buildings or building remodels, room usage data helped determine the needs of the new facility.

Meeting Room Usage			
Year	Target	Actual	Variance
2018	**	21,096	**
2019	**	22,320	**
2020	**	4,946*	**

* Library branches were closed for most of 2020 due to COVID-19 restrictions, affecting actual performance results.

** Meeting room usage was reported on Salt Lake County ACFR reporting and Library Key Performance Reports only. This metric was not reported on CountyStat for any year and there were no reported targeted goals.

3.0 Public and Wireless Computer Sessions

Public computer and wireless sessions were initiated when the user agreed to the Library's "Acceptable Use Policy" and ended when the patron completed the session. Measurement statistics were recorded via software MyPC, Miraki, and Splunk. Management used the data to make decisions about the number of computer terminals and wireless bandwidth requirements for each branch.

Public and Wireless Computer Sessions			
Year	Target	Actual	Variance
2018	**	737,681	**
2019	**	818,143	**
2020	800,000	194,737*	(605,263)

* Library branches were closed for most of 2020 due to COVID-19 restrictions, affecting actual performance results.

** Public Computer Sessions was reported on Salt Lake County ACFR reporting and Wireless Sessions were reported on Library Key Performance Reports only, until 2020. For years 2018 and 2019 this metric was not reported on CountyStat and there were no reported targeted goals.

4.0 Library Visitors

Library in-person visitors were counted by sensors installed at each branch. In 2020, a new metric “virtual visitors” was included in the Library visitors count. Virtual visitors are counted by determining the number of website sessions and social media interactions. Google Analytics was used to monitor and report on website and other online traffic. The Database Administrator monitored social media interactions and reported on using a formula determined by the Library Board.

Management used the in-person visitor data to help determine where additional branches might be needed. Virtual visitor counts helped management assess the impact the Library is having on the community.

Library Visitors			
Year	Target	Actual	Variance
2018	3,600,000	3,310,740	-289,260
2019	3,500,000	3,160,709	-339,291
2020	3,000,000	6,870,308*	3,870,308

*The total number of visitors in 2020 consists of two measures (1) 1,074,592 visitors who went to the library branches, (2) 5,795,716 virtual visitors who used the library website, or social media platforms.

5.0 Program Attendance and Childhood Literacy Survey Outcomes

Library programs were scheduled and then advertised on the Library’s website using online software called Communico. Staff hosting the program counted the number of attendees and recorded the data in Communico within 24 hours. The Database Administrator collected and reported attendance data at the end of each month. Management used the attendance data to determine which programs to continue to offer.

Program Attendance			
Year	Target	Actual	Variance
2018	**	393,782	**
2019	**	393,557	**
2020	**	198,873*	**

*Library branches were closed for most of 2020 due to COVID-19 restrictions, affecting actual performance results.

** Program Attendance was reported on Salt Lake County ACFR reporting and Library Key Performance Reports only. This metric was not reported on CountyStat for any year and there were no reported targeted goals.

Management used participant survey responses to measure the effectiveness of the Childhood Literacy program. Participants responded to five questions designed to measure the skills participants had gained after attending the program. Management averaged the response ratings of the survey questions to report program results and help management and other stakeholders determine how well the County Library’s program was performing when compared to national peers.

Early Literacy Measures and Survey Outcomes			
Year	Target	Actual	Variance
2018	94.75%	96.6%	+1.85%
2019	94.75%	98.18%	+3.43%
2020	170,285	*	*

*Library branches were closed for most of 2020 due to COVID-19 restrictions, affecting actual performance results.

6.0 Active Patrons and New Patrons

In 2018 and 2019 the number of library cardholders was obtained from the integrated library system, Polaris, and reported as the number of active patrons in the Salt Lake County ACFR report. However, in 2020, the Library Board decided that reporting on the number of patrons who used their library card during the month would be a more accurate metric. Therefore, beginning in 2020, the number of patrons who used their library card was tracked instead of reporting the number of all cardholders.

Active Patrons			
Year	Target	Actual	Variance
2018	**	598,506	**
2019	**	619,142	**
2020	**	145,747*	**

*Library branches were closed for most of 2020 due to COVID-19 restrictions, affecting actual performance results.

** Patron data was reported on Salt Lake County ACFR reporting and Library Key Performance Reports only. This metric was not reported on CountyStat for any year and there were no reported targeted goals.

The number of people who sign up to obtain a library card each month is reported as a new patron. The Library Administration tracks growth by the number of new cardholders or new patrons. Additionally, where the new patrons live can help management and other stakeholders determine where new library branches should be established.

New Patrons			
Year	Target	Actual	Variance
2018	**	38,203	**
2019	**	37,573	**
2020	**	18,664*	**

*Library branches were closed for most of 2020 due to COVID-19 restrictions, affecting actual performance results.

** Patron data was reported on Salt Lake County ACFR and Library Key Performance Reports only. This metric was not reported on CountyStat for any year and there were no reported targets.

Objective

The objective of the audit was to evaluate Library Services internal controls and procedures for collecting, calculating, and reporting performance indicator data to:

1. Determine if performance indicator data is accurate, relevant, and reliable.
2. Determine if performance indicator data is reported effectively to stakeholders and the public.

Strengths and Accomplishments

Internal control strengths and accomplishments noted during the audit include:

- ✓ Library Services written strategic focus plan includes three areas: “People, Place and Platform”. Their focus to invest in programs, spaces, current offerings, databases, and technology directly tie to their performance indicators of program attendance, meeting room usage, circulation, database utilization, and public and wireless computer sessions. The desired outcome of these investments is to provide a “foundation for successful life, a library that works for me, and a community that reaches it’s potential.” These outcomes correspond to their performance indicators of active patron status, program attendance and visitor counts.
- ✓ The Library Services’ Director and select staff meet regularly with a board at public meetings to discuss performance, upcoming projects, and community needs. Minutes from board meetings are posted to the SLCo Library website and Utah Public Notice Website for public access.
- ✓ Library Services utilizes independent software programs to track and maintain performance indicator measurements.
- ✓ Library Services is actively involved with the Public Library Association (PLA) and helps develop and explore improved performance indicators with this national outreach.
- ✓ Security measures are in place to protect physical items as well as building use.
- ✓ With the exception of active patron data, performance measures recalculated to the figures reported, with only minor differences.

Audit Results

Audit Criteria Results Library Services			
Performance Indicator	Accuracy	Relevant	Reliable
Circulation <i>The number of items checked out</i>	✓	✓	☑
Meeting Room Usage <i>The total number of rooms reserved</i>	✓	✓	☑
Public and Wireless Computer Sessions <i>The number of sessions activated</i>	✓	✓	☑
Library Visitors <i>The number of people that visit the 18 library branches</i>	✓	☑	✗
Program Attendance and Survey Outcomes <i>The number of attendees for each program and survey response averages</i>	✓	☑	✗
New and Active Patrons <i>The number of people who sign up to obtain a library card and the total number of patrons who had used their library card.</i>	✗	✓	✗

With the exception of the areas listed above, Library Services performance indicators were found to be accurate, relevant, and reliable, with only minor issues noted. Active Patron performance measures could not be validated because the data was not retained and could not be recreated. In addition to the measures in the table above, in 2018 and 2019 the Library also reported on Database Utilization. Database Utilization included items available for download or viewing that do not have a due date, such as such as documents, books, magazines, and resources for employment or academic assistance. Data was collected from vendors that provided items for download or viewing.

Library Administration determined that there were inaccuracies that made the database usage data uninterpretable. After board discussion, reporting on database usage was included in "retrievals." The way in which the measure was calculated was also modified. Our audit work confirmed that the database utilization metric used previously was not accurate, relevant, or reliable.

For Library management’s response to the Audit Criteria Results listed above, see Appendix F.

Findings and Recommendations

Finding 1 - Lack of review and approval processes

Risk Rating: 3 – Significant Risk Finding

Summary. We found that there was not a review and approval process in place to ensure that reported data was comprehensive, calculations were accurate, and indicators were valid. Some reports had inaccuracies that would have likely been corrected with an effective review and approval process.

Criteria. Agency has established a data review and approval process for each performance indicator.

Condition. Most Library performance data is extracted, summarized, and compiled by the Library's Database Administrator. An independent review and approval process was not in place to ensure that data was comprehensive, calculations were accurate, and indicators were valid. Branch managers have access to all reporting data through the Library's intranet. However, a policy or procedure was not in place for branch managers to review and approve the statistics for their branch.

A review process was not in place to ensure that digital circulation and online traffic indicators included all third-party vendors, and that the numbers reported by the Library matched the data from the vendors.

As another example, there were 13,429 edited visitor count data points during 2019 and 2020, which represented 3.6% of the total visitor count data points of 372,362. Data in these instances had to be estimated due to equipment issues or other technical problems. However, a periodic review and approval process to ensure estimates were reasonable and reliable was not in place.

Cause. Library Services lacked a written policy requiring reports to be reviewed and approved before they are published. Library management relied solely on the Database Administrator's work and judgement.

Effect/Risk(s). Library reporting relies on multiple applications, outside parties, and manual processes, such as copying and pasting, which increases the risk of inaccuracies. Year-end reporting on CountyStat and the Salt Lake County ACFR contained inaccurate reporting figures for Wireless and Computer session, Program, Meeting Room, and Visitor. While variances were not statistically material, the risk exists that larger variances may occur in the future.

We also noted incidences where annual year in review reports, generated by branch management, contained inaccuracies pertaining to circulation. For example, Taylorsville Library report included a 500,000 difference (reporting 12,250 instead of 512,250) in circulation. Inaccurate or inconsistent performance indicator data published in different reports could result in poor management decisions.

Recommendations

1. We recommend that management review monthly and year end reports to ensure inaccuracies are corrected prior to publishing.
2. We recommend that management establish data review and approval processes that include sign off when the review process is completed.

Management Response

Agree in Part. See full management response in Appendix F.

Action Plan. See full management response in Appendix F.

Finding 2 – Lack of Written Procedures

Risk Rating: 3 – Significant Risk Finding

Summary. Library Services lacked written policies or procedures regarding collecting, calculating, and reporting on each performance indicator.

Criteria. Agency has detailed written procedures for collecting, calculating, and reporting on each performance indicator.

Condition. Library Services performance indicator measurements are gathered from several applications and vendors, sometimes requiring copying and pasting of data. We found work instructions on file for certain performance measures; however, written policies or procedures were lacking to address training, validating, and summarizing data for publication for all performance measures.

For example, a written procedure on ensuring all program attendance figures were recorded did not exist. The Database Administrator periodically followed up with each of the branch managers for completion of the manual data cleanup process for library events. We determined there was no standard frequency or method for this process and it was performed on an ad-hoc basis. Branch managers were not required to inform the Database Administrator that they have completed the clean-up process.

Library Services lacked an up-to-date policy or procedure on estimating visitor attendance due to equipment failures, and no standard procedures were established for when the prior reference dates used to estimate attendance were also estimates. Library Services lacked a policy or procedure for determining how to calculate performance measures selected, such as the practice of removing 50 percent of website hits lasting less than 10 seconds.

Cause. Library management relied solely on the Database Administrator's abilities and experience as well as internal discussions.

Effect/Risk(s). We noted 553 events with no attendance figures reported in Communico, representing 23,435 (2.17%) of the 1.1 million attendees.

Significant errors resulting in underreported data of 17,284 (10.6%) were discovered in the transcription of retrievals data sampled for 2020. However, because the retrievals were part of overall circulation for 2020, the impact on reported numbers was immaterial. The risk exists that larger variances may occur in the future.

Inaccurate or inconsistent performance indicator data affects the reliance that can be placed on communicated results and may result in poor management decisions. Omissions and errors in data reporting most likely would have been prevented with proper training and effective procedures for the prevention or detection of human error.

Recommendations

1. We recommend that written policies and procedures (including individual roles and responsibilities) be drafted and implemented for the manual input and summarization of data as well as review and approval of all performance data prior to publication.
2. We recommend that written policies and procedures be drafted and implemented for staff required training on the proper use of data collection software programs. Policy should include job titles, course offerings, repetition schedule, and follow-up on completion of requirements.

Management Response

Agree in Part. See full management response in Appendix F.

Action Plan. See full management response in Appendix F.

Finding 3 - Performance measures were not clearly defined

Risk Rating: 2 – Significant Risk Finding

Summary. Management did not clearly and consistently define performance measurements. The actual and targeted amounts displayed in graph form on CountyStat were not consistently reported.

Criteria. Agency has clearly defined each performance measure by determining what is measured, how it is measured, and why it is important to measure.

Condition. We noted a spike from 3.1 million visitors in 2019 to 6.1 million in 2020, when libraries were closed for most of 2020 due to COVID-19. Library Administration explained that they expanded Library Visitors to include "Virtual Visitors" such as people who visited the Library's website, used the mobile app, online catalog, or retrieved an eBook. The change in Library Visitor calculation was not disclosed on any of the reporting platforms, including CountyStat.

Library Services reports "Public Meeting Room Usage" on their Key Indicators reports, as well as on the ACFR. We found actual "usage" was not being measured. All *reservations* were counted, whether or not the room was used. Therefore, "Public Meeting Room Reservations" may be a more appropriate title.

We also noted that Computer and Wireless performance targets were graphed as cumulative totals in CountyStat, but actual performance was graphed as month. The way data was presented underrepresented results. See Appendix D.

Children's Literacy program performance indicators were based on participant responses to survey questions. We noted that the Library reported .965 (or 96.5 percent positive response) for 2018. The reported figure did not agree to survey response documentation provided by management. We found that management averaged participant responses to two of the four survey questions. This was not disclosed on CountyStat. In addition, CountyStat indicated results would be presented using a Likert Scale (i.e., rating questions based on 1 to 5). However, for 2018 and 2019 the indicator reported was not "a Likert scale." We also noted that less than 5% of program attendees completed a survey. The low response rate decreases the reliance that can be placed on the reported measure.

Cause. Library Services lacked a policy requiring disclosure of edited or estimated data, or on changes made in how performance indicator measures are reported.

Management explained that tracking actual room usage would require Library staff time and manual system entry. Management stated that tracking reservations was more accurate

Library Administration expressed that after they report indicator data into Sherpa, they did not follow-up with the Office of Data and Innovation to determine how that data was reported on CountyStat. Library Services moved away from using a Likert scale because it was no longer being used in National Library Reporting.

Effect/Risk(s). Performance indicators that are not clearly, or sufficiently defined, could affect the accuracy, relevance, and reliability of performance indicator data. Inaccurate, inconsistent, or irrelevant performance data may not reflect actual performance results. Although the purpose for the changes in the indicators used was reasonable, it was not documented on CountyStat. Therefore, the reported

measurement could not be clearly understood by an independent party. Users of the data would also not be able to accurately compare data from different years.

Recommendations

1. We recommend that management use terms for performance indicators that accurately reflect what is being measured.
2. We recommend that management create a written policy and procedure regarding the disclosure of using estimates, adjustments, or additions to performance measurements on all reporting formats.
3. We recommend that management work with the Office of Data and Innovation to ensure any changes to performance measures are disclosed and clearly defined on CountyStat. Changes should also be disclosed in all other reporting publications.
4. We recommend that management review CountyStat reporting to determine clarity and consistency of data reporting formats.

Management Response

Agree in Part. See full management response in Appendix F.

Action Plan. See full management response in Appendix F.

Finding 4 - Adequate supporting documentation was not maintained

Risk Rating: 2 – Moderate Risk Finding

Summary. Library Services did not retain data and reports to substantiate their performance indicators. Library Services did not adhere to a records retention policy.

Criteria. Agency maintains sufficient supporting documentation and records for each performance indicator, including both summary level documentation and detailed (source) data records.

Condition. Original data, emails, and reports supporting each performance measure were not retained. Where possible, reports were generated by the Database Administrator for the Audit using the same date parameters. Except for Circulation, the data available did not recalculate to the same figures reported, but in most cases the difference was not material (see Appendix C). For active patrons, we were not able to reperform the calculations because the field containing key information was continually overwritten.

Cause. The Database Administrator explained to us that after data was entered into the final spreadsheets, the source reports are deleted. She stated that she does not save vendor emails with raw data, because she does not have the necessary storage space to do so.

Differences were noted because the data may change over time. For example, if a title that was part of the eMaterial or retrieval collections was removed, the historical data associated will also be removed, resulting in inaccurate reports.

Effect/Risk(s). The lack of sufficient supporting documentation, at both the summary and detail level, reduces the reliance that can be placed on performance indicator data. Inaccurate or inconsistent

performance data could negatively impact management decisions. While no material differences were noted, the risk exists that material differences may occur in the future.

Recommendations

1. We recommend that management create and adhere to a records retention policy that includes retaining source data and reports, including emails from vendors, used to arrive at performance indicator measurements.
2. We recommend that management provide the Database Administrator adequate data storage to retain records used to arrive at performance indicator measurements.

Management Response

Agree in Part. See full management response in Appendix F.

Action Plan. See full management response in Appendix F.

Finding 5 - Performance measures did not include clear targets, resources, and ownership

Risk Rating: 2 – Moderate Risk Finding

Summary. Resources necessary to reach desired performance goals were generally identified in documentation provided by the Library, but they were not included on CountyStat. The individual or individuals responsible for performance results was not documented. There was not always documentation of the relationship between performance indicator targets for each objective.

Criteria. Agency has established a clear target (desired level) and ownership responsibility for each performance indicator and actual performance results.

Targets for each performance indicator should have the following characteristics:

- **Realistic:** Clearly articulate timelines and the resources needed to achieve the desired level. (Service Efforts)
- **Clear Ownership:** Identify a position title that is responsible for actual performance results.
- **Clear Trade-Offs:** There should be documentation of the relationship between performance indicator targets under each objective. Focusing service efforts (time and resources) on one target may mean doing worse against another.

An example of a clear target (desired level) and ownership responsibility for a performance indicator might include:

Center for the Arts wants to increase Ticket Sales by 25% by December 31, 2023. Center for the Arts will dedicate 0.5 FTE annually towards promoting sales and spend approximately \$10,000 per year on advertising. The Marketing Program Manager is responsible for actual performance results related to the performance indicator.

Condition. Library Administration, along with the Board, determined which performance measures were used as well as any changes to performance measures, such as changed definitions. We noted changes were not always disclosed when published. Targets were not established for the following performance measures: Public Meeting Room Use, New and Active Patrons. Specific resources, such as FTE's or budgeted amounts and responsible individuals were also not documented on CountyStat. For example,

specific targets for Active Patron Activity, investments required, and individuals responsible were not established.

Cause. The format with which agencies provide performance indicators to CountyStat does not include fields for reporting on ownership and/or resources needed to meet performance goals. There was no policy requiring resources, ownership and tradeoffs be considered and documented.

Effect/Risk(s). Performance indicators that do not have clear performance targets, or poorly defined performance targets, may diminish transparency and accountability and could negatively impact management decisions. When resources and individuals required to meet performance targets are not established, targeted outcomes are less likely to be achieved.

Recommendations

1. We recommend that management establish clear targets for each performance measure, indicate investments required, individuals responsible, and any potential tradeoffs.
2. We recommend that management work with the Office of Data and Innovation to determine ways to report on ownership, resources, and trade-offs needed to meet performance goals.

Management Response

Agree in Part. See full management response in Appendix F.

Action Plan. See full management response in Appendix F.

Appendix A: Additional Information

Appendix A: Additional Information	
Scope & Methodology	<p>We reviewed the Salt Lake County Library performance indicators for 2018 to 2020. We identified a total of five performance indicators (Database Utilization was replaced by Computer and Wireless Usage in 2020) that were reported through the County's Intranet site, CountyStat. We also identified two additional performance indicators published in the SLCO Annual Comprehensive Financial Report (ACFR). Our audit scope included:</p> <ul style="list-style-type: none"> • The accuracy, relevance, and reliability of key performance indicators reported by Library Services. • The effectiveness of communicating Library Services' performance results to key users and stakeholders. <p>We focused on Library Services processes and internal controls for establishing, tracking, and reporting outcome and indicator performance. Wherever possible, we also obtained the data and information needed to validate the indicators reported during the audit period.</p>
Exclusions	<p>Due to the nature of the performance audit, we did not review Library Services financial statements, assets, budgets, or fiscal practices and policies because these were not part of the outcomes and performance indicators.</p>
Follow-Up Audit Process	<p>An initial follow-up review to determine the implementation status of open recommendations will be conducted six months after the final audit report date. A final follow-up review will be conducted 12 months after the final audit report date. Results of the final follow-up audit will be reported to management and other stakeholders. Additional follow-up audits may be scheduled based on the severity of the risks, or the lack of corrective action to address significant issues noted during the initial audit.</p>

Appendix B: Finding Risk Classifications

Appendix B: Finding Risk Classifications	
Classification	Description
1 – Minor Risk Finding	<p>Minor Risk Findings may not have an effect on the accuracy, relevance or reliability of the outcomes and indicators reported. Minor risk findings are not included in the report or detailed appendix, but are verbally communicated to the auditee.</p> <p>Recommendations may or may not be given to address the issues identified. If recommendations are given, management should try to implement the recommendations within one year of the final audit report date if possible. Follow-up audits may or may not focus on the status of implementation.</p>
2 – Moderate Risk Finding	<p>Moderate Risk Findings result from a control weakness or failure that may have an effect on the accuracy, relevance or reliability of the outcomes and indicators reported.</p> <p>Recommendations will be given to address the issues identified in the final audit report. Management should implement the recommendations within one year of the final audit report date if possible. Follow-up audits will focus on the status of implementation.</p>
3 – Significant Risk Finding	<p>Significant Risk Findings result from one or more control weaknesses or failures that may have an effect on the accuracy, relevance or reliability of the outcomes and indicators reported.</p> <p>Recommendations will include necessary corrective actions that address the significant risks identified in the final audit report. Management should implement the recommendations within six months of the final audit report date if possible. Follow-up audits will focus on the status of implementation.</p>
4 – Critical Risk Finding	<p>A critical risk finding would result from one or more control weaknesses or failures that would have an effect on the accuracy, relevance or reliability of the outcome indicators reported.</p> <p>Recommendations will include necessary corrective actions that address the critical risks identified in the final audit report. Management should implement the recommendations as soon as possible. Follow-up audits will focus on the status of implementation.</p>

Appendix C: Data Retention and Accuracy

Materials Circulation					
	Source Reports and Data Were Retained	What was Tested	Data Provided Matched Performance Reports	Impact on the Sample Tested	Effect on the Overall Performance Measure
Physical	No	All Data for 2018-2020	✓	Not applicable. No errors noted.	Not applicable. No errors noted.
eMaterial	No	24% of vendor reports (72 out of 300)	No	Not material. A combined 9,079 in under-reporting (.30 percent of the total eMaterial count sampled)	Not material. eMaterials were 19% of total circulation (2018-2019). Errors represented less than 1% of total circulation for all three years combined (34,449,241)
Retrievals	No	7% of vendor reports (65 out of 984)	No	Material. A combined 17,284 in under-reporting (10.6% of the sample)	Not Material. 2020 Retrievals are 6% of total circulation. Errors represented less than 1% of total circulation (or if multiplied to account for sample size of .07, =3% of total circulation) for 2020 (8,193,707)
Meeting Room Usage					
	Source Reports and Data Were Retained	What was Tested	Data Provided Matched Performance Reports	Impact on the Sample	Effect on the Overall Performance Measure
Meeting Rooms	No	All Data for 2018-2020	No	Not Applicable. All data tested	Not Material. 2018-2020 reported amount of 48,362 remained within 0.23% of Communico raw results of 48,249.
Public and Wireless Computer Sessions					
	Source Reports and Data Were Retained	What was Tested	Data Provided Matched Performance Reports	Impact on the Sample	Effect on the Overall Performance Measure
PC Sessions	No	34% (12 out of 36 months)	✓	Not applicable. No errors noted.	Not applicable. No errors noted.
Wireless Sessions	No	67% (24 out of 36 months) 16 months with source data on file.	No	Not Material. 509 sessions underreported. Less than 1% of the sample	Not Material. 2018-2020 errors projected to be less than 1%
Library Visitors					
	Source Reports and Data Were Retained	What was Tested	Data Provided Matched Performance Reports	Impact on the Sample	Effect on the Overall Performance Measure
Visitor Counts	No	14% (60 of 432 branch monthly)	No	Not Material. 1,144 fewer visits. Less than 1%	Not Material. 2018-2020 errors projected to be less than 1%
Library Programs					
	Source Reports and Data Were Retained	What was Tested	Data Provided Matched Performance Reports	Impact on the Sample	Effect on the Overall Performance Measure
Programs	No	All Data for 2018-2020 & Sample of 65 Program Events with no attendance recorded	No	Not Applicable. Events with no data entered were reviewed.	Not Material. We noted 553 events representing 23,435 attendees (2.17 percent of all attendees) with no attendance in Communico. Of these, we sampled 65 and found 14 that were published on the Library Calendar (suggesting they did take place).
New and Active Patrons					
	Source Reports and Data Were Retained	What was Tested	Data Provided Matched Performance Reports	Impact on the Sample	Effect on the Overall Performance Measure
New	No	Data Overwritten	Not Applicable	No data to test	Performance measure could not be validated
Active	No	Data Overwritten	Not Applicable	No data to test	Performance measure could not be validated

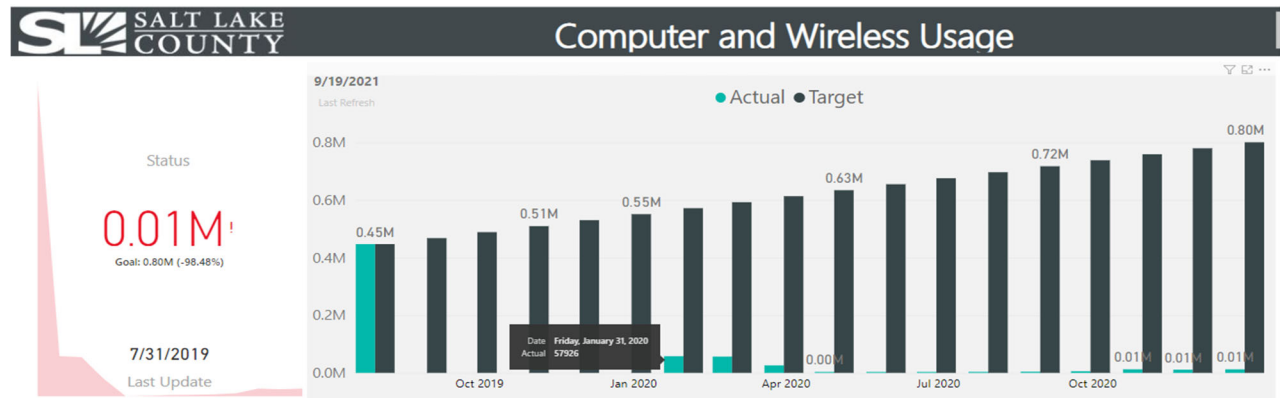
Appendix D: Computer and Wireless Usage Graphs

Appendix E: Computer and Wireless Usage Graphs

Data reported in CountyStat graphics did not reflect actual performance. The sum of all monthly figures for the year accurately reflects the end year figure of 194,737 for computer plus wireless sessions, however "Actual" reported figures are monthly amounts and "Target" figures are cumulative amounts.

Date	Actual	Target
Wednesday, July 31, 2019	446698	446,698.00
Saturday, August 31, 2019		467,480.47
Monday, September 30, 2019		488,262.94
Thursday, October 31, 2019		509,045.41
Saturday, November 30, 2019		529,827.88
Tuesday, December 31, 2019		550,610.35
Friday, January 31, 2020	57926	571,392.82
Saturday, February 29, 2020	56436	592,175.29
Tuesday, March 31, 2020	25927	612,957.76
Thursday, April 30, 2020	1251	633,740.24
Sunday, May 31, 2020	1658	654,522.71
Tuesday, June 30, 2020	2993	675,305.18
Friday, July 31, 2020	3405	696,087.65
Monday, August 31, 2020	3997	716,870.12
Wednesday, September 30, 2020	5632	737,652.59
Saturday, October 31, 2020	12245	758,435.06
Monday, November 30, 2020	11085	779,217.53
Thursday, December 31, 2020	12182	800,000.00

The associated bar graph does not match the monthly figures being reported. For example, the green bar representing January 2020 "Actual" data of 57926 appears to be placed where the month of February 2020 would be. Additionally, the cumulative "Target" amount of 571,392.82 was graphed against the "Actual" monthly amount of 57926.



Appendix E: Finding Details

Appendix E: Finding Details	
Finding 1 Risk Rating: 3 – Significant Risk Finding	Lack of review and approval processes: All Performance Indicators
Summary	We found that a review and approval process was not in place to ensure that reported data was comprehensive, calculations were accurate, and indicators were valid. Some reports had inaccuracies that would have likely been corrected with an effective review and approval process.
Criteria	Agency has established a data review and approval process for each performance indicator.
Detailed Condition Statements	
Circulation	<p>Management reported that a review process was in place to ensure that all eMaterial and retrieval vendors were accounted for and categorized correctly. However, we found only one email requesting the review was on file for the audit period. Upon further inquiry, management explained that there was no established frequency for the review and no formal requirement that it be completed. A review was not in place to ensure that the numbers reported by the Library matched data from the vendors.</p> <p>Branch managers have access to all reporting data through the Library’s intranet. However, a policy or procedure was not in place for them to review and approve the statistics for their branch</p> <p>We compared reported circulation data to spreadsheets used by the Database Administrator to gather performance information to test the accuracy of 2018 and 2019 Year in Review publications, created by library branches.</p> <ol style="list-style-type: none"> 1. For 2018, out of 16 branches reviewed 13 (81%) reported figures did not match the Statistic Workpage report, and three (19%) did not have a year-end report on file. 2. For 2019 out of the 18 branches reviewed, three (17%) reported inaccurate figures. For example, Taylorsville reported figures had a 500,000 difference (12,250 instead of 512,250), and three (17%) branches did not have a year-end report on file. <p>We also noted four instances where eMaterial and retrieval circulation data was recorded incorrectly, resulting in 12,387 in underreported use for 2019-2020.</p>
Meeting Room Usage	While no material errors in meeting room usage calculations were noted, an independent review was not performed to ensure performance reporting matched system reports on file.

<p>Public and Wireless Computer Sessions</p>	<p>A review and approval process was not in place for Public and Wireless Computer Session performance data. We reperformed calculations using information from the Library’s wireless log monitoring software service and noted human errors on two (13%) of the 16 months of reported data selected for review.</p> <p>We compared hard and soft copies of the key indicator reports provided by the Library for 2018. We noted that the figures for Public Computer Sessions and Total PC Time in the month of February were transposed between the two reports.</p> <p>We reviewed data reported on CountyStat for Computer and Wireless Usage. We noted that the formatting of what was reported and displayed was not reported in an equivalent format. For example, 2020 actual figures were monthly totals, yet they were compared to cumulative targets. This makes the graph appear to show a significant deficiency in reaching targeted goals.</p>
<p>Library Visitors</p>	<p>We attempted to reperform calculations used to create Veridian center door counts. We were unable to duplicate the results reported, arriving at significantly lower visitor counts for the Veridian center. A review and approval process was not in place to validate the calculations used.</p> <p>We noted 13,429 edited visitor count data points during 2019 and 2020, which represented 3.6% of the total visitor count data points of 372,362. Data in these instances had to be estimated due to equipment issues or other technical problems. From a sample tested, we discovered that there was a variation of 20% between the data used for the estimate, typically the same period one week prior, and what was posted in the reports. A periodic review and approval process was not in place to ensure estimates were reasonable and reliable</p>
<p>Program Attendance and Survey Outcomes</p>	<p>Library staff are responsible for entering program attendance after each event. When attendance is not entered on a timely basis, the Database Administrator emails branches to initiate a clean-up process, which was to be completed by the tenth of each month. However, we found that the process often was not started until after the tenth. In addition, there were no requirements for branches to respond or to review and approve the accuracy and completeness of the branch data.</p> <p>For November 2019 program outcome measures, the Library reported 98% survey agreement with skills learned. Library administration stated the measure was the average of the two percentages for, "Applied Knowledge" and "Perceived Value." Which were 98% and 100% per Project Outcome reporting. This meant 99% that should have been the reported figure. There was no independent review and approval of the statistic.</p>
<p>New & Active Patrons</p>	<p>An independent review and approval of New and Active Patron performance data was not performed. Data was not retained and could not be recreated.</p>

Causes	A written policy requiring the reports to be reviewed and approved before they are published was not in place. Library management relied solely on the Database Administrator’s work and expertise.
Effect/Risks	<p>The lack of a formal data review and approval process may result in less accurate and reliable performance indicator data. Inaccurate or inconsistent performance indicator data diminishes transparency and accountability, impacts the effectiveness of communicating actual performance results, and could negatively impact management decisions.</p> <p>The overall lack of a review and approval process caused circulation data, visitor count information, program attendance and new patron reporting to contain inaccuracies that could have been corrected in a review process.</p>

Finding 2 Risk Rating: 3 – Significant Risk Finding	Lack of written policies or procedures: All Performance Measures
Summary	Written policies or procedures were not in place regarding collecting, calculating, and reporting on each performance indicator, including detection of errors or how to ensure accuracy.
Criteria	Agency has detailed written procedures for collecting, calculating, and reporting each performance indicator.
Detailed Condition Statements	
Staff Training	<p>A written policy or procedure was not in place on Staff training requirements. Polaris is used to track circulation and patron data. We noted that out of 426 staff identified as requiring training, 77 (18%) were missing at least one required course. Some employees were missing multiple courses.</p> <p>The program Communico was used to track meeting room reservations and program attendance. Out of 196 employees required to take a training course, 15 (8%) could not be identified as having taken the course.</p>
Circulation	<p>There was no up-to-date policy or procedure on gathering and summarizing Circulation data, including detection of errors or how to ensure accuracy.</p> <p>We reperformed circulation counts using detailed data from 72 eMaterial vendors and 65 retrieval databases to compare to the performance figures reported. We noted four data transposition errors in eMaterials and retrievals data, totaling 12,387 in total underreported use for 2019 and 2020.</p>
Meeting Room Usage	There was no up-to-date policy or procedure on gathering and summarizing Meeting Room Usage performance data, including detection of errors or how to ensure accuracy.

Public and Wireless Computer Sessions	There was no up-to-date policy or procedure on gathering and summarizing Public and Wireless Computer sessions performance data, including detection of errors or how to ensure accuracy.
Library Visitors	<p>There was no up-to-date policy or procedure on estimating Library visitors' due equipment failures, and no standard procedures for when the prior reference dates used to estimate visitors were also estimates.</p> <p>When visitor counts were missing or inaccurate , a software algorithm was used to estimate the number of patrons using the same period, one week prior. However, we found variations from the edited data to the reference points of 20% for estimates sampled. We also found 19% of the estimated counts in our sample could not be compared to a valid reference point because the library was closed due to holidays, COVID 19 closure, or because that period was also estimated due to technical issues.</p> <p>The days on which estimates were used was indicated on the Monthly Reports, but there was no disclosure regarding estimates on other reports such as the Key Indicators report, CountyStat Report, or the ACFR.</p> <p>The Veridian Events Center (Veridian) and West Jordan Library are in the same building and share building entrances. Additional sensors track patrons entering the West Jordan Library once inside the building.</p> <p>To determine the number of Veridian visitors, totals from the West Jordan Library sensors were subtracted from the total building entrance count. We attempted to reperform the calculations. However, we arrived at significantly lower Veridian Center visitor counts. There was no policy regarding these calculations or how to ensure accuracy.</p> <p>In 2020, virtual visitors were added to the visitor performance measure. To arrive at a virtual visitor count, website hits were reduced by 50% of any session of ten seconds or less. The reduction was designed to account for individuals that visit the Library's website and then immediately linked to the Viridian Event Center website, public access catalogue, or other resource also included in the virtual visitor count. However, there was no policy regarding how such calculations were determined or how to ensure their accuracy.</p>
Program Attendance and Survey Outcomes	There was no written procedure on ensuring all program attendance figures were recorded. The Database Administrator periodically followed up with each of the branch managers for completion of the manual data cleanup process for library events to ensure all data was entered into Communico. However, there was no standard frequency or method for this process. Therefore, it was performed on an ad-hoc basis. There was also no requirement on whether or when branch managers were required to inform the Database Administrator that they had completed the clean-up process.

	<p>Management indicated that the process was to be completed by the tenth of each month. However, there were multiple occasions when the process was not initiated until on or after the tenth.</p> <p>There was no written procedure on calculating program survey results. November 2019 program outcome measures reported 98% agreement with skills learned. The indicator was reported as the average of the two percentages, "Applied Knowledge" and "Perceived Value." Which were 98% and 100% per Project Outcome reporting. This meant that 99% should have been the reported figure. In addition to this error, the calculation method was not indicated on any reports.</p>
<p>New and Active Patrons</p>	<p>There was no up-to-date policy or procedure on gathering and summarizing New and Active Patron performance data, including detection of errors or how to ensure accuracy</p> <p>Individuals can apply for a library card online but must complete the application at a branch. All applications were counted and reported monthly as "New Patrons," including those not completed. At 90 days accounts are deleted for patrons that do not complete the in-person application process. Because of this the "New Patron" count may be overstated. There was no written policy regarding the calculation or treatment of uncompleted applications.</p> <p>For the year 2020 the total number of "Registered Patrons" on the Key Indicators reports was 621,358, a difference of (475,611) from what is reported on the ACFR in prior years. This was due to a new measurement definition being used. There was no policy regarding changes to definitions or requirements for disclosure on published reports.</p> <p>We attempted to reperform statistics reported for new and active patrons. However, we were informed by the Database Administrator that the source reports were not retained, and they could not be duplicated because the Polaris system overwrites the report field. There were no written policies regarding data retention.</p>
<p>Causes</p>	<p>Because stated training requirements were not documented in a written policy, there may be confusion regarding which staff were required to take which courses. In addition, some staff may have received in-person training which was not documented or tracked.</p> <p>In the absence of written policies and procedures, Library management relied on the Database Administrator's abilities and experience, as well as internal discussions</p> <p>Human error caused the inaccurate eMaterial figures noted above. In addition, the Database Administrator relied on the software program to provide valid estimates when door count data was missing.</p> <p>The Library Administrator explained that data was not retained due to storage constraints. Failure to disclose changes in performance measurement methods and definitions may have been an oversight.</p>

Effect/Risks	<p>The lack of written procedures, or inadequate documentation of procedures, could affect the accuracy and reliability of performance indicator data. Inaccurate or inconsistent performance indicator data diminishes transparency, accountability, and reliability of communicating performance results, which could negatively impact management decisions.</p> <p>For example, we noted 553 events with no attendance figures reported in Communico, representing 23,435 (2.17%) of the 1.1 million attendees.</p> <p>Circulation data for 2019 was overreported in eMaterials by 4,897. In addition, significant errors resulting in underreported data of 17,284 (10.6%) were discovered in the transcription of retrievals data sampled for 2020. However, because the retrievals were part of overall circulation, the impact on reported performance measures was immaterial. The risk exists that larger variances may occur in the future.</p>
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Finding 3 Risk Rating: 1 – Significant Risk Finding	<p>Performance measures were not clearly and consistently defined: Meeting Rooms, Computer and Wireless Sessions, Visitors, Programs, Active Patrons</p>
Summary	We found that the measurements used and the description of the performance indicators for meeting rooms, visitors, program attendance, and new and active patrons were not clear or were not consistent. We also found that some of the actual and targeted amounts displayed in graph form on CountyStat were not consistently reported in equivalent formats.
Criteria	<p>Agency has clearly defined each performance measure by determining what is measured, how it is measured, and why it is important to measure.</p> <ul style="list-style-type: none"> • Three general categories of performance measures (GASB): <ul style="list-style-type: none"> ○ Measures of service efforts (inputs – time and resources) ○ Measures of service accomplishments (outputs and outcomes) ○ Measures that relate service efforts to service accomplishments (efficiency – cost/outputs or cost/outcomes) <p style="text-align: center;">Inputs → Process → Outputs → Outcomes</p>

Detailed Condition Statements	
Meeting Rooms	<p>Library Services reports “Public Meeting Room Usage” on their Key Indicators reports, as well as on the ACFR. However actual “usage” was not being measured. All <i>reservations</i> were counted, whether or not the room was used. Therefore, “Public Meeting Room Reservations” may be a more appropriate title.</p> <p>To determine the clarity with which the indicator "Public Meeting Room Usage" could be interpreted, we surveyed non county employees and researched other library systems. We determined that the term "Public Meeting Room Usage" was not accurately interpreted as what was being measured.</p>

Public and Wireless Computer Sessions	CountyStat displays for each indicator a graph comparing actual and targeted amounts, based on data provided by the agency involved. After a review of library reported indicators for years 2018 through 2020, we discovered that actual and targets amounts displayed in graph form are not consistently reported in equivalent formats. For example, in 2020 Computer and wireless usage was reported as actual per monthly figures and compared to targeted monthly cumulative figures, leading the observer to believe that targets were seriously missed. See Appendix E.
Library Visitors	<p>At times estimated data was used when a gate count was not available, often due to equipment malfunction. The days estimates were used was indicated on Monthly Reports, but were not disclosed on other publications, such the Key Indicators report, CountyStat, or the ACFR.</p> <p>We noted a spike from 3.1 million visitors in 2019 to 6.1 million in 2020, when libraries were closed for most of the year due to COVID 19. Library Administration explained that they expanded Library Visitors to include "Virtual Visitors" such as people who visited the Library's website, used the mobile app, accessed the online catalog, or retrieved an eBook. The change was not disclosed on any of the reporting platforms, including CountyStat.</p>
Program Attendance and Survey Outcomes	<p>Children's Literacy program performance indicators were based on participant responses to survey questions. We noted that the Library reported a .965 (or 96.5 percent) positive response to skills learned for 2018. However, this did not match survey response documentation provided by management.</p> <p>Upon inquiry we found that management averaged participant responses to two of the four survey questions. This was not disclosed on CountyStat. In addition, CountyStat indicated results would be presented using a Likert Scale (i.e. rating questions based on 1 to 5). However, for 2018 and 2019 the indicator reported was not "a Likert scale." We also noted that less than 5% of program attendees completed a survey. The low response rate decreases the reliance that can be placed on the reported measure.</p>
Active Patrons	The February 2018 Library board meeting included a discussion about adding a performance measure of the number of active cardholders as a percentage of all cardholders. "Active Patron" was defined as, "having used their library card during the month of reporting." The Library adopted the measure internally in February 2019. In 2020 the Library began including the number of "Active Patrons" in the ACFR. However, there were no notes or other disclosures regarding this change or how it was calculated in the ACFR.
Causes	<p>A policy or practice of requiring disclosure of edited, estimated, or changed data or definitions when reporting on performances measures was not in place.</p> <p>The Public Library Association and participating libraries decided to move away from the Likert scale as the metric for Early Childhood Literacy. Although the purpose for the change was reasonable, it was not documented on CountyStat, therefore the reported measurement could not be clearly understood by an independent party.</p>

Effect/Risks	Performance indicators that are not clearly defined, or not sufficiently defined, could affect the accuracy, relevance, and reliability of performance indicator data. Inaccurate, inconsistent, or irrelevant performance data may not reflect actual performance results, diminishes transparency and accountability, and could negatively impact management decisions.
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Finding 4 Risk Rating: 1 – Moderate Risk Finding	Adequate supporting documentation was not maintained: All Performance Indicators
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Summary	Library Services did not maintain data and documentation necessary to validate reported performance measures.
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Criteria	Agency maintains sufficient support documentation and records for each performance indicator, including both summary level documentation and detailed (source) data records.
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Detailed Condition Statement

All Performance Indicators	Original data, emails, and reports supporting each performance measure were not retained. Where possible, reports were generated by the Database Administrator for the audit using the same date parameters. Except for Circulation, the data available did not recalculate to the same figures reported, but in most cases the difference was not material (see Appendix D). For active patrons, we were not able to reperform the calculations because the field containing key information was continually overwritten.
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Causes	The Database Administrator indicated that she does not save vendor emails with raw data, because she does not have the storage space necessary. The software used to collect and maintain data were subject to changes over time. For example, changes made to eMaterial or retrieval titles affect the results of future reporting. Thus, we found that although data reporting can be recreated for performance indicators based on date parameters, the data results are often different than the original.
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Effect/Risks	The lack of sufficient supporting documentation, at both the summary and detail level, reduces the reliance that can be placed on performance indicator data. Inaccurate or inconsistent performance data could negatively impact management decisions. While no material differences were noted, the risk exists that material differences may occur in the future.
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<p>Finding 5 Risk Rating: 1 – Moderate Risk Finding</p>	<p>Performance measures did not include clear targets, resources, and ownership: All Performance Measures</p>
<p>Summary</p>	<p>Resources necessary to reach desired performance goals were generally identified in documentation provided by the Library, but they were not included on CountyStat. The individual or individuals responsible for performance results was not documented. There was not always documentation of the relationship between performance indicator targets for each objective.</p>
<p>Criteria</p>	<p>Agency has established a clear target (desired level) and ownership responsibility for each performance indicator and actual performance results. Targets for each performance indicator should have the following characteristics:</p> <ul style="list-style-type: none"> • Realistic: Clearly articulate timelines and the resources needed to achieve the desired level. (Service Efforts) • Clear Ownership: Identify a position title that is responsible for actual performance results. • Clear Trade-Offs: There should be documentation of the relationship between performance indicator targets under each objective. Focusing service efforts (time and resources) on one target may mean doing worse against another.
<p style="text-align: center;">Detailed Condition Statement</p>	
<p>Circulation</p>	<p>Specific resources necessary to reach desired performance Circulation goals were not specified. The individual or individuals responsible for performance results was also not documented.</p>
<p>Meeting Room Usage</p>	<p>A target was not found for Public Meeting Room Use, which was reported in the ACFR. Individuals responsible, and resources required, was also not documented.</p>
<p>Public and Wireless Computer Sessions</p>	<p>Specific resources necessary to reach desired performance for Public Wireless Computer Sessions were not specified. The individual or individuals responsible for performance results was also not documented</p>
<p>Library Visitors</p>	<p>Library Administration’s decision to expand 2020 visitor counts to also include "Virtual Visitors" was not adjusted in the measurement description or targeted goals to accommodate this change.</p> <p>In addition, specific resources necessary to reach desired performance for Library Visitors were not specified. The individual or individuals responsible for performance results was also not documented.</p>
<p>Program Attendance and Survey Outcomes</p>	<p>Library Administration’s decision to change 2018 and 2019 Childhood Literacy indicator goal and measurement from a Likert scale to an average of Project Outcome survey results was not disclosed.</p>

	In addition, specific resources necessary to reach desired performance for Program Attendance and Survey Outcomes were not specified. The individual or individuals responsible for performance results was also not documented.
New and Active Patrons	<p>New Patron performance measurements include all individuals that apply for a library card, including applications started online. However, accounts were not considered complete until the patron visits a library branch. Incomplete accounts are removed after 90 days. This was not disclosed in key indicator reporting of New Patron data.</p> <p>In addition, specific resources necessary to reach desired performance for Program Attendance and Survey Outcomes were not specified. The individual or individuals responsible for performance results was also not documented.</p>
Causes	<p>There was no requirement to document resources needed to achieve desired targets or for specifying individuals responsible.</p> <p>In addition, the format with which agencies provide performance indicators for CountyStat does not include fields for reporting on ownership and/or resources needed to meet performance goals.</p>
Effect/Risks	Performance indicators that do not have clear performance targets, or poorly defined performance targets, may not be reliable or relevant for effectively communicating actual performance results. Irrelevant or unreliable performance indicator data may diminish transparency and accountability and could negatively impact management decisions.

Appendix F: Management Response



Jenny Wilson, Salt Lake County Mayor
 Robin Chalhouh, Interim Community Services Director
 James D. Cooper, Library Director

Salt Lake County Library Services Response to an Audit of Library Services Performance Indicators March 18, 2022

Executive Summary

Thank you for the opportunity to comment on the Audit of Library Services Performance Indicators. You will find the Library's specific comments and responses to the audit findings in red on the Audit Report. As one of the first agencies identified to undergo a Performance Audit related to outcomes and indicators, the experience has been an extremely thorough and intensive examination of data collected by the Library and reviewed by the Audit Team.

The initial Audit Engagement Letter was received by the Library on April 23, 2021 and over the ensuing months we have participated in over 25 meetings with the Audit Team, responded to well over 100 emails, expended hundreds of staff hours, supplied literally millions of raw data sets, SQL queries and codes, given physical tours and walked through detailed work flow processes that are unique to library operations. We delivered evidence of trainings, and researched and provided meeting minute notes, correspondence and other physical and digital documentation. We commend the professionalism of the Audit Team, who had little or no prior experience in library operations.

For Certification purposes, the Library completes an annual report to the State of Utah Library Division (the State Library) and the Institute of Museum and Library Service (IMLS) and for more than a quarter of a century the Library has collected, reported and utilized data to guide and inform our business practices, allocate resources and evaluate services. We appreciate that the audit acknowledged, with one exception that *"Library Services performance indicators were accurate, relevant and reliable, with only minor issues noted"*.

Because of the Library's extremely broad scope, it's impossible to isolate a few data sets that reflect our actual performance or the true story of how we meet our mission on a daily basis. The outcome of our efforts in early learning, literacy, business support, summer reading, job searches, helping to reduce recidivism, providing accurate health information and digital inclusion can never be fully captured in the counting of data – our real impact is reflected in the community and the positive impact we have in people's lives.

One day, while walking through our West Jordan/Viridian Event Center Library (which also houses our administrative offices), I noticed what I believed to be a piece of trash under a chair in the lobby area of the Viridian. Ever mindful of keeping a tidy public space, I picked up the "trash". I quickly realized that it was not trash, but consisted of several pages of folded notebook paper. Certain it was someone's homework, I unfolded the pages and discovered it was in fact a suicide note written to "Grammy". The heartfelt confession was powerful and incredibly sad.

I gathered the Manager of the Library and the Manager of Viridian and we pulled up the security video. Clearly visible on the video was a young man – probably 19 or 20, sitting in the exact chair where I discovered the note. No one recognized the boy, but he was wearing a very distinct jacket.

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We looked everywhere for the young man, but did not find him and we retreated to the Viridian Manager's office located just outside the lobby area. As we were discussing what our next steps would be, the young man reappeared in the lobby and sat in the same seat as the note was discovered, looking around the space and under the chair.

The Manager of the West Jordan Library, one of our incredibly brave, compassionate and skilled staff (and much less intimidating than an old guy in a suit) offered to approach the young man and engage with him. After a few minutes of casual conversation – “Hi, haven’t seen you before, do you like to read” etc., she gently asked if he was okay and if he needed help. He admitted to being a bit low lately, was living on the street, didn’t have a library card and wasn’t really a “library guy”. He just needed someplace to hang out for a little while. He said that he was just looking for something he left behind and he’d be on his way.

The Library Manager told him he was welcome to stay for as long as he liked, and talked about all the great things a library has to offer. She then softly asked if it was a note to his Grandmother that he was looking for. He denied that that was what he was looking for, but it was clear that he was wanting someone to talk with and receptive to learning more about the library.

The Manager guided him into the library, showed him around the building and all the cool things that are there – he was surprised that we had a 3D printer and Graphic Novels! She signed him up for a library card and showed him to the computers. They sat together and successfully navigated through the process of getting a new email. They then searched county services, and other services that can help people in his situation. He stayed for several hours and left.

The young man returned to the library daily for the next month. We’re not sure what ultimately happened to the young man, but I’m confident that on that day we accurately and reliably recorded one library visit, one new library card registration, one computer session and one circulation of a graphic novel. What was not recorded in the daily statistics, captured on CountyStat, reflected in the GASB reporting characteristics, accounted for in the State Library or IMLS Statistical Report for Public Libraries, or published in the Annual Comprehensive Financial Report, was that on that particular day, the outcome of the Library’s performance was that one life was saved. I still have the note to Grammy in my office.

We can always work toward better communicating our value, displaying our accountability as stewards of taxpayer dollars, and using indicators and outcomes to their fullest. The Performance Audit process has been a learning opportunity for everyone involved. The Audit Team’s advice has helped us all to see the need for a broader standardization and approach to measures, outcomes, indicators as well as the data reported on CountyStat. We remain committed to prioritizing our data trails to ensure accuracy, verifiability, and approval to a reasonable level of granularity while ensuring our patron’s privacy and fulfilling our mission.

Sincerely,



James D. Cooper, Director
Salt Lake County Library

Overall Audit Criteria Results Management Response	
Overall Audit Criteria Results	See Overall Audit Criteria Results table on page 8. Active Patron data could not be verified as accurate. In addition, Library Visitors, Program Attendance and Survey Outcomes, and New and Active Patron data could not be found to be reliable.
Agree/ Disagree	Disagree.
Agency Response/ Action Plan	<p>Together with the Audit Team we were able to identify a few areas in which we can better explain and document the accuracy of our data. However, we disagree that the data and reporting which supports the Library’s indicators for Library Visitors, Program Attendance and Survey Outcomes, and New and Active Patrons are not accurate, not reliable or present a significant risk to the Library’s performance.</p> <p>Because of the Library’s extremely broad scope, it’s impossible to isolate a few data sets that reflect our actual performance or the true story of how we meet our mission on a daily basis. The outcomes of our efforts in early learning, business support, summer reading, job searches, helping to reduce recidivism, providing accurate health information and digital inclusion can never be fully captured in the counting of data – our real impact is reflected in the community and the positive impact we have in people’s lives.</p> <p>Active Patron statistics are a point in time collection and compilation of information relative to our patrons. We can and have provided information that demonstrates the Library’s current and accurate data regarding the number of individuals that have a valid library card, the number of library cards issued per month, and the number of patrons with a valid library card who have used their card to access library services during a particular month – all of which is captured by our Integrated Library System Polaris and in accordance with the State of Utah Library Division (the State Library) and Institute of Museum and Library Service (IMLS) standards. It is not practicable or feasible for all records and reports for all patron activity to be retained, particularly where the privacy of library patrons could be compromised. We must navigate restrictions specific to library patron privacy which make retention of certain information unwise. This is acknowledged by the State of Utah Code 63G-2-302 (1) (c) which classifies as private “records of publicly funded libraries when examined alone or with other records identify a patron”.</p> <p>During critical examination of data, Library Administration determined that the way certain database usage was being captured and reported pursuant to the data definitions under the State Library and IMLS reporting guidelines was not a true reflection of the value and use of some of our e-resources. The decision by the Library to begin capturing “retrievals” in a</p>

	<p>different way was developed by library staff during numerous committee meetings. The recommendation to change the reporting of retrievals was discussed and reviewed with the Library Board, as are all of the Library’s key indicators and statistics. Because of the Library’s evaluation of “retrievals” and in collaboration with other libraries in the country, the State Library and IMLS have modified the data definitions and elements for “retrievals”.</p> <p>However, we can always work toward better communicating our value, displaying our accountability as stewards of taxpayer dollars, and using indicators and outcomes to their fullest.</p>
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Finding 1 Management Response and Action Plan	
Finding 1	Lack of review and approval processes
Recommendations	<ol style="list-style-type: none"> 1. We recommend that management review monthly and year end reports to ensure inaccuracies are corrected prior to publishing. 2. We recommend that management establish data review and approval processes that include sign off when the review process is completed.
Agree/ Disagree	Agree in part.
Agency Response/ Action Plan	<p>Agree in part. However, we do not believe this is a Significant Risk to the Library’s Performance.</p> <p>The Library has always prided ourselves on being one of the most data-driven agencies in the County and is regarded as data leaders in the national library community. Our staff constantly review and analyze data. Seven committees and 20 working groups discuss, analyze and act upon data. We hold regularly scheduled system meetings, and quarterly conversations with staff to review information regarding the Library’s performance. We also dedicate a portion of every monthly Library Board of Directors meeting, which is open to the public, to the review and discussion of data that the Library collects and reports. We participate in a variety of professional organizations which aggregate, review, analyze and discuss data elements, outcomes and indicators. The Library is one of the founding originators of the Public Library Association’s “Project Outcome” which was conceived as a collaborative initiative to improve the library world’s reporting of actual outcomes, not just outputs.</p> <p>The State Library and IMLS instructions and definitions may change slightly on an annual basis, but generally are consistent. We have included the appropriate citations and definitions as provided by the State Library and IMLS in their General Instructions and Definition of Data Elements</p>

	<p>Instructional Bulletin as attachments. The Library does not have the opportunity to approve the definition of data elements provided by the State Library or IMLS.</p> <p>Certain key indicators and information reported into CountyStat may be created and / or refined during the budget process by Library Administration. We also recognize that circumstances may change throughout any given year, and certainly changed during the three year period which is the subject of this report. This was particularly evident in 2020 when a worldwide pandemic struck causing a pivot of services. The Library does have confidence and relies on the subject matter expertise and experience of our Database Administrator, who functions as the central aggregator of our statistics. However, the ultimate approval, reporting and use of data, indicators and outcomes involves Library Administration, Library Committees, the Library Board and others.</p> <p>It should be noted that the Database Administrator is not an independent actor and we do not rely solely on the Database Administrator's work or judgment. That position reports to the Library's Senior Manager of Information Technology, who reports to the Associate Director of Administrative Services, who reports to the Director. The Database Administrator has processes that guide how data is gathered and compiled. As new vendors, collections, services and data requirements are added or subtracted to best serve the public, these processes will be reviewed and approved by Library Administration. Data are reviewed and utilized by a wide variety of library staff, in particular the Library's Leadership Team who meet weekly.</p> <p>Data associated with the Library's internal Key Indicators report are also provided to the Library's Marketing Department, who creates a summary report for the Library Board. The Board Report is reviewed prior to sharing with the Board, and finally, the Board reviews the data.</p> <p>The example above of a situation when the Taylorsville Branch reported 12,250 instead of 512,250 is clearly a typographical error in an annual report submitted by an individual branch as one of dozens of reports filed during the three years of examination. The branch monthly and annual reports are an internal tool to gather narrative information to report on branch activities and inform the larger Library System report. The branch reports function as a redundant review process by branch managers, and the statistical information reported in the reports are not released to the public or other stakeholders. The Library's Annual Report goes through an extensive review and editing process as the Marketing department prepares them for release. All data in the final report are taken directly from the data warehouse and not from the branch reports.</p> <p>To make information digestible, millions of raw data are compiled into a single report, which is updated monthly and available to all staff on the</p>
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	<p>Library’s Staff Portal. An example of the Library’s Key Indicator Report for one of the Audit years [can be seen on page 40].</p> <p>Action Taken. The Library creates, receives, and reviews an extraordinary amount of data. We believe that it is not cost-effective, reasonable, or useful to retain all raw data, create processes and approval procedures for every dataset, nor do we believe it is necessary, cost-effective or reasonable to record and archive every meeting, conversation or decision. We have confidence that, as decision are made regarding data the Database Administrator, as the subject matter expert, can compile data accurately.</p> <p>Nevertheless, we do intend to better document processes by the end of 2022 and a process for review and approval of statistically significant errors in the Key Performance Indicator data reported to the Library Board and the County Stat dashboard will be outlined and implemented by the end of 2022. Appropriate processes related to Key Performance Indicators will be posted on the Statistics page of the Library’s Staff Portal to increase transparency and so all Library staff can review how the data is derived.</p>
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Finding 2 Management Response and Action Plan	
Finding 2	Lack of Written Procedures
Recommendations	<ol style="list-style-type: none"> 1. We recommend that written policies and procedures (including individual roles and responsibilities) be drafted and implemented for the manual input and summarization of data as well as review and approval of all performance data prior to publication. 2. We recommend that written policies and procedures be drafted and implemented for staff required training on the proper use of data collection software programs. Policy should include job titles, course offerings, repetition schedule, and follow-up on completion of requirements.
Agree/ Disagree	Agree in part.
Agency Response/ Action Plan	<p>Agree in part. However, we do not believe this is a Significant Risk to the Library’s Performance.</p> <p>Data elements that the Library reports annually to the State Library and IMLS, as well as statistical data that we report to the Library Board, the information provided to the public and on CountyStat, and much of the data that is used as part of our internal Key Indicator report are based upon instructional bulletins issued annually by the State Library and IMLS. While the Library does review and provide input on the data elements, the Library</p>

	<p>does not have the ability to “approve” the State Library or IMLS required data elements or its definition. The data subject to this performance audit was, in large measure based upon the data elements defined by and reported to the State Library and IMLS. The State Library Data Element Definitions for FY2018, FY2019 and FY2020 [were provided to Audit Services with this response and are available online at https://library.utah.gov/].</p> <p>The Library’s Staff Portal, which is available to all staff houses robust, keyword searchable policy manuals for all library activities, including: circulation, collection management, fiscal, payroll, Library Board information, safety, IT systems and volunteers. We also have system specific manuals for many of our software applications including Polaris, Communico, LEAP, Incidentz, SABA, SMM, Spinnovate, LibAnswers and Web Reporter. Staff are assigned trainings or elements of trainings for applications and policies that are appropriate to their position and responsibility.</p> <p>Action Taken. Library Administration will work with the Database Administrator and others to identify any Key Performance Indicator or CountyStata data that are entered manually, and discuss the probability of statistically significant error. Library Administration will decide if additional processes should be implemented to prevent statistically significant error. This will be done by the end of 2022.</p> <p>The Database Administrator has data collection processes that guide how data are gathered and compiled. These processes will be further reviewed and approved by Library Administration. Processes related to Key Performance Indicators will be posted on the Statistics Page on the Library’s Staff portal so library staff can review how the data is derived. Individual roles that are not already identified and/or responsibilities not already assigned in committees or work groups as described under Finding 2, will be identified and implemented in the same time period (by the end of 2022).</p> <p>Library Administration will identify situations where staff training not being appropriately documented, or if additional training is necessary for the proper use of data collection. In those instances, training will be developed and documented. This is an ongoing activity as new applications or updates to existing applications are acquired by the Library.</p> <p>Two trainings have already been implemented prior to the issuance of findings by the Auditor: Library programming through Communico (January 2022); and Reference Transactions (April 2022) in a new product called LibAnswers. All library staff with responsibilities in these areas have been or will be instructed on the use of the products, and video recordings of these trainings have been added to the onboarding requirements for new hires.</p>
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	The Library will create review trainings that supplement the initial trainings as well.
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Finding 3 Management Response and Action Plan	
Finding 3	Performance measures were not clearly defined
Recommendations	<ol style="list-style-type: none"> 1. We recommend that management use terms for performance indicators that accurately reflect what is being measured. 2. We recommend that management create a written policy and procedure regarding the disclosure of using estimates, adjustments, or additions to performance measurements on all reporting formats. 3. We recommend that management work with the Office of Data and Innovation to ensure any changes to performance measures are disclosed and clearly defined on CountyStat. Changes should also be disclosed in all other reporting publications. 4. We recommend that management review CountyStat reporting to determine clarity and consistency of data reporting formats.
Agree/ Disagree	Agree in part.
Agency Response/ Action Plan	<p>Agree in part. However, we do not believe this is a Significant Risk to the Library’s Performance.</p> <p>As reported above, the data subject to this performance audit was, in large measure based upon data elements defined by and reported to the State Library and IMLS. The State Library and IMLS instructions and definitions may change slightly on an annual basis, but generally are consistent. Our conversations with the Office of Data and Innovation around CountyStat have highlighted a need for a review of the performance measurement process. We understand the Office of Data & Innovation is working on reporting standards documents that may provide some clarity. The Audit Team’s decision to use CountyStat as a determinate of the Library’s performance related to outcomes and indicators is impacted by the voluntary nature and lack of clear guidelines concerning CountyStat’s use. Nevertheless, Library Administration does review CountyStat reporting at least quarterly internally and with the Department of Community Services.</p> <p>Action Taken Library Administration will review our indicators and outcomes and determine where inaccurate labels may be used. We will compare data being reported with what is outside our reporting obligations to the State Library and IMLS. This will be done as part of the 2023 budget process.</p>

	If different than the State Library and IMLS requirements, Library Administration will create procedures regarding disclosure of using estimates, adjustments, or additions to indicators, outcomes and measures when reporting to the Library Board, on the Library’s website and written reports.
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Finding 4 Management Response and Action Plan	
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Finding 4	Adequate supporting documentation was not maintained
Recommendations	<ol style="list-style-type: none"> 1. We recommend that management create and adhere to a records retention policy that includes retaining source data and reports, including emails from vendors, used to arrive at performance indicator measurements. 2. We recommend that management provide the Database Administrator adequate data storage to retain records used to arrive at performance indicator measurements. 3. We recommend that management review CountyStat reporting to determine clarity and consistency of data reporting formats.
Agree/ Disagree	Agree in part.
Agency Response/ Action Plan	<p>The Library’s Database Administrator has established a data warehouse where certain long-term data is being kept so that appropriate comparisons across vendors can be made and data can be used to make smart business decisions.</p> <p>Due to the vast amounts of data that we collect, internal data storage capabilities, perceived usefulness of raw data, various contractual obligations, practices and or requirement of our database vendors, as well as compliance with county-wide contracting practices, it is not feasible for all raw elements, records and reports to be kept for all data, particularly where the privacy of library patrons is compromised.</p> <p>The question of which records are used to arrive at reported indicators, outcomes and measures may be disputed. However, it is not possible for us to keep all datasets for our data - to suggest simply purchasing additional storage as a solution is not practical or realistic. The Library will continue to create a list of data we will keep, and will make sure monthly summaries of our individual key performance data are retained for an appropriate period.</p> <p>We will also continue to navigate restrictions specific to library patron privacy which make retention of certain information unwise.</p>

	<p>Action Taken.</p> <p>Library Administration will work to ensure appropriate monthly reports are kept for key indicators, outcome and measures related to databases. The Library will add to our data collection procedures that data be retained when new data is reported and patron privacy is not compromised, and if we believe the retention of such data is valuable. The Library will document, and as appropriate disclose any changes and may begin keeping reports changes going forward.</p> <p>The Library’s Database Administrator has already begun keeping a monthly summary of Active Patron Activity (without personal identifying information) based on a recommendation by the Audit Team.</p>
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Finding 5 Management Response and Action Plan	
Finding 5	Performance measures did not include clear targets, resources, and ownership
Recommendations	<ol style="list-style-type: none"> 1. We recommend that management establish clear targets for each performance measure, indicate investments required, individuals responsible, and any potential tradeoffs. 2. We recommend that management work with the Office of Data and Innovation to determine ways to report on ownership, resources, and trade-offs needed to meet performance goals.
Agree/ Disagree	Agree in part.
Agency Response/ Action Plan	<p>Finding 5 is largely a restatement of the other findings in this document, including disclosure of changes on CountyStat, Board Reports, and other written reports produced by the Library; and documenting individuals responsible for specific performance indicators.</p> <p>We acknowledge that certain indicators that are currently reported on CountyStat and on the Library’s internal Key Indicator report are in fact measures. Meeting Room Use is a good example of a measure. We do not believe it is appropriate to allocate specific resources, such as FTE’s or budgeted amounts and assign specific individuals to be responsible to “drive” Meeting Room Use to a certain “target”. There is no specific motivation to drive Meeting Room Use – however, we do think it is appropriate to “measure” Meeting Room Use in order to meet our responsibility to the public and fulfill our goal to “create a great place to visit” and to appropriately staff the activity.</p> <p>As reported and documented above, the data elements that the Library reports annually to the State Library and IMLS, as well as statistical data</p>

	<p>that we report to the Library Board, information provided to the public and much of the data definitions that are the subject of this report are provided in instructional bulletins issued annually by the State Library and IMLS. Conversations with the Office of Data and Innovation indicate a need for review of the “outcome and indicator” performance measurement process as reported on CountyStat. This is also true of how the Auditor’s Office uses measures, outcomes and indicators to determine “performance”.</p> <p>Action Taken.</p> <p>Notwithstanding those repetitions, the library will create connections between performance indicator and the objective which are realistic, show ownership, and how each performance indicator may affect an objective differently, along with how a change in one may affect another. This will be done in the 2023 budget process.</p>
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Management Response

Key Indicators Table Included in Management Response to Finding 1:

2019 Key Indicators													
2019	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
Working Days													
Working Days	25	22	26	26	26	25	25	27	24	27	23	25	301
2018 Working Days	26	23	27	25	26	26	24	27	24	26	23	24	301
Circulation Information													
Circulation	1,099,368	1,001,973	1,128,453	1,089,524	1,077,181	1,129,255	1,186,803	1,125,343	1,076,791	1,103,845	1,005,113	961,733	12,985,382
+/- 2018 Circulation	-4%	-4%	-3%	0%	-3%	-3%	0%	-4%	-3%	-3%	0%	2%	-5%
Physical Circulation	905,000	829,365	940,189	901,560	885,479	949,888	993,518	930,088	886,641	913,379	822,307	762,489	10,719,903
+/- 2018 Physical Circulation	-7%	-6%	-5%	-2%	-5%	-5%	-2%	-6%	-5%	-4%	-2%	-1%	-4%
eMaterial Circulation	194,368	172,608	188,264	187,964	191,702	179,367	193,285	195,255	190,150	190,466	182,806	199,244	2,265,479
+/- 2018 eMaterial Circulation	12%	6%	7%	10%	8%	9%	9%	7%	6%	6%	8%	17%	9%
Physical Circulation Adult	415,785	371,877	411,635	396,333	392,932	385,601	411,003	397,479	367,642	387,555	354,876	351,027	4,643,745
Physical Circulation Teen	40,452	37,280	43,446	43,969	45,936	53,502	56,496	50,169	43,381	42,680	37,173	36,535	531,019
Physical Circulation Children	448,763	420,208	485,108	461,258	446,611	510,785	526,019	482,440	475,618	483,144	430,258	374,927	5,545,139
Interlibrary Loans	1,728	1,706	1,521	1,671	1,486	1,457	1,510	1,916	2,058	2,131	1,877	1,866	20,927
Collection Information													
Items Added to the System	43,504	38,169	37,262	38,503	38,567	36,302	53,916	50,033	49,297	63,400	48,762	26,001	523,716
Collection	1,984,895	1,980,597	1,981,951	1,979,925	1,981,030	1,978,541	1,989,031	2,002,753	2,019,941	2,045,121	2,042,561	2,034,818	20,348,818
Titles	558,047	566,221	574,202	505,554	520,519	520,505	526,590	524,972	532,145	546,550	539,572	538,834	538,834
Holds Filled	120,942	101,412	109,580	99,671	101,400	103,100	103,643	106,296	105,929	101,713	95,152	83,602	1,232,440
eHolds Placed	59,405	51,356	56,171	51,115	56,751	42,999	43,305	42,521	42,186	41,088	39,139	56,171	582,207
Door Count													
Door Count	257,026	237,775	280,015	274,409	270,253	291,112	289,768	279,021	258,245	277,079	232,399	213,607	3,160,709
+/- 2018 Door Count	-9%	-8%	-7%	0%	-5%	-9%	-4%	-7%	-4%	-2%	0%	5%	-5%
Patron Registrations and Users													
Registered Patrons	598,577	599,888	603,388	605,872	608,692	605,931	607,829	611,731	612,326	615,378	617,771	619,142	619,142
New Patron Registration	3,411	2,692	3,335	2,868	3,263	3,869	3,400	3,505	3,614	3,057	2,547	2,012	37,573
+/- 2018 New Patron Registration	7%	-3%	8%	2%	4%	-3%	-7%	-8%	-4%	-3%	-5%	-5%	-2%
Patrons With Library Usage	110,570	107,605	112,116	110,494	109,964	112,698	114,047	113,357	114,530	114,024	110,623	108,414	
Public Meeting Rooms													
Public Meeting Room Usage	1,873	1,792	2,064	1,957	1,900	1,779	1,732	1,843	1,837	2,116	1,814	1,613	22,320
+/- 2018 Public Meeting Room Usage	9%	2%	-1%	3%	-1%	3%	7%	9%	7%	12%	15%	5%	6%
Program Information													
Programs	915	972	1,078	1,113	784	902	938	690	947	1,152	865	695	11,051
+/- 2018 Programs	-21%	-18%	-22%	-14%	-23%	-9%	-1%	-9%	-6%	-8%	4%	0%	-12%
Program Attendance	29,226	27,031	31,114	41,950	37,887	34,378	45,766	28,070	26,754	44,543	26,634	20,204	393,557
+/- 2018 Program Attendance	2%	-22%	-21%	20%	-14%	-5%	51%	20%	-10%	-5%	6%	0%	0%
School Visits	27	15	14	23	46	13	12	16	40	38	26	9	279
School Visits Attendance	882	596	680	1,419	12,173	1,511	264	1,259	3,228	2,924	2,725	423	28,084
Reference													
Reference	20,493	19,213	25,885	24,507	21,279	28,996	27,355	21,129	19,997	21,092	16,593	15,920	262,459
+/- 2018 Reference	-9%	-15%	15%	-21%	-18%	-15%	-8%	-4%	-2%	-2%	-6%	12%	-8%
Public PC and Wireless Usage													
Public Computer Sessions	36,469	32,128	36,525	35,921	34,814	33,769	33,992	35,919	32,573	34,929	27,793	26,762	401,594
+/- 2018 Public Computer Sessions	-10%	-14%	-13%	-6%	-12%	-14%	-16%	-19%	-21%	-25%	-18%	-19%	-16%
Total PC Time	28,498	25,103	29,727	29,559	28,300	26,733	27,636	29,049	25,400	28,147	22,091	21,337	321,580
+/- 2018 Public Computer Usage in Hours	-13%	-19%	-13%	-5%	-14%	-23%	-22%	-27%	-24%	-15%	-20%	-14%	-18%
Public Wireless Sessions	28,797	25,406	30,267	32,806	29,579	27,898	27,681	29,799	28,811	29,706	23,959	21,378	336,087
+/- 2018 Public Wireless Sessions	-7%	-14%	-6%	6%	-2%	-3%	-3%	0%	0%	-4%	-5%	-4%	-3%
Public Wireless Usage in GB	9,319	8,620	10,886	11,210	11,444	10,052	9,588	10,446	9,598	11,951	9,081	9,698	121,893
+/- 2018 Public Wireless Usage in GB	-13%	-7%	0%	8%	-2%	-14%	-12%	-4%	-10%	6%	-9%	11%	-4%
Website Information													
Catalog Searches	2,242,850	1,881,172	2,076,936	1,957,017	1,955,821	2,180,696	2,266,711	2,255,899	2,153,540	2,124,079	1,971,594	1,763,785	24,830,100
Database Searches	198,119	188,448	198,432	178,798	172,017	134,580	127,786	131,915	173,838	143,860	191,752	145,096	1,964,439
Website Sessions	170,979	153,171	161,416	150,782	152,120	144,001	149,934	147,730	143,084	144,208	131,388	126,407	1,775,220
+/- 2018 Website Sessions	-7%	-5%	-8%	-6%	-3%	-7%	-7%	-9%	-4%	-7%	-9%	-2%	-6%
Website Unique Users	87,221	83,115	85,031	79,579	80,214	77,007	76,618	79,685	76,143	77,523	70,438	67,680	
+/- 2018 Website Unique Users	0%	5%	-4%	58%	4%	54%	-2%	0%	3%	3%	-1%	5%	
Mobile App Sessions	65,010	59,660	67,094	62,800	64,263	64,216	68,711	68,988	68,108	68,185	64,703	61,297	254,564
+/- 2018 Mobile App Sessions	81%	73%	36%	27%	25%	19%	18%	21%	19%	15%	-100%	-100%	-59%
* HOL closed on 10/14/2018-	* 06/14/2019 Public Computer Session and Duration was edit to relect changes			* 08/28/2019 Modified door count figures			* RIV closed 12/8/2019-12/15/2019 due to building maintenance			* Modified Door Count figures on 3/2020 for January because it was not edited on 8/28/2019			
* KEA closed on 12/23/2018-	* CCL partial closure on 3/29/2019			* 8/2019 W/O removed 2 public PCs			* As of 10/31/2019 Google Analytics Servi			* The Door Count was finalized and submitted as 3,158,863 to the State Library Report			
* All libraries closed 2/6/2019 due to a snow storm	* TYL partial closures (2:00 pm) from 7/1/2019-8/5/2019 due to HVAC issue			* 10/19/2019 WVA closed for a day due to no water			* 10/2019 MAG removed 2 public PCs			* on the App+ Web property to track our mobile app usage			
* DRA partial closure on 2/13/2019 due to power loss	* CCL closed 12/24/2019												