SUBJECT: Adaptation and recovery of libraries throughout the COVID-19 pandemic

PURPOSE: To discuss how libraries have adapted and recovered from the COVID-19 pandemic through the use of different technologies, community partnerships, and creative approaches in order to best serve their communities.

Tuesday, November 16, 2021
10:00 AM
Hearing Room B
Legislative Office Building
Albany, New York 12248

ORAL TESTIMONY BY INVITATION ONLY

Last year, the COVID-19 pandemic forced New York State libraries to halt in-person services and shift to virtual services. Now that libraries are open again, the Committee is interested in learning how the pandemic has caused libraries to adapt their programs and services to better meet the needs of their communities. In particular, the Committee seeks testimony about how libraries have utilized technology, community partnerships, and other creative approaches.

Persons invited to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified of means by which to testify and/or in the event of emergency postponement or cancellation.

Oral testimony will be limited to 5 minutes’ duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee’s interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Kimberly Jean-Pierre
Member of Assembly
Chair
Committee on Libraries and Education Technology
PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on the adaptation and recovery of libraries throughout the COVID-19 pandemic are requested to complete this reply form as soon as possible and mail, email or fax it to:

Hannah Gauthier  
Committee Assistant  
Assembly Committee on Libraries and Education Technology  
Capitol Building, Room 513  
Email: gauthierh@nyassembly.gov  
Phone: (518) 455-4881  
Fax: (518) 455-7250

☐ I have been invited to make a public statement at the hearing. My statement will be limited to 5 minutes, and I will answer any questions which may arise.

☐ I will address my remarks to the following subjects:

______________________________________________________________________________

☐ I do not plan to attend the above hearing.

☐ I would like to be added to the Committee mailing list for notices and reports.

☐ I would like to be removed from the Committee mailing list.

☐ I will require assistance and/or handicapped accessibility information. Please specify the type of assistance required: __________________________

______________________________________________________________________________

ALL INFORMATION BELOW MUST BE COMPLETED:

NAME: ___________________________________________________________________________
TITLE: ___________________________________________________________________________
ORGANIZATION: ___________________________________________________________________
ADDRESS: _________________________________________________________________________
E-MAIL: __________________________________________________________________________
TELEPHONE: _______________________________________________________________________