



**LORAIN-MEDINA COMMUNITY BASED CORRECTIONAL FACILITY
LORAIN COUNTY**

AGREED-UPON PROCEDURES

FOR THE YEARS ENDED DECEMBER 31, 2020-2019

OHIO AUDITOR OF STATE KEITH FABER



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INDEPENDENT ACCOUNTANTS' REPORT ON APPLYING AGREED-UPON PROCEDURES

October 4, 2021

Facility Governing Board
Lorain-Medina Community Based Correctional Facility
Lorain County
9892 Murray Ridge Road
Elyria, Ohio 44035-6957

We have performed the procedures enumerated below on the Lorain-Medina Community Based Correctional Facility's (the Facility) receipts, disbursements and balances recorded in the cash basis accounting records for the years ended June 30, 2020 and 2019 and certain compliance requirements related to those transactions and balances, included in the information provided to us by the management of the Facility. The Facility is responsible for the receipts, disbursements and balances recorded in the cash basis accounting records for the years ended June 30, 2020 and 2019 and certain compliance requirements related to these transactions and balances included in the information provided to us by the Facility.

The Facility's Governing Board and the management of the Facility have agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of providing assistance in the evaluation of the Facility's receipts, disbursements and balances recorded in their cash-basis accounting records for the years ended June 30, 2020 and 2019, and certain compliance requirements related to these transactions and balances. No other party acknowledged the appropriateness of the procedures. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of the report and may not meet the needs of all users of the report and, as such, users are responsible for determining whether the procedures performed are appropriate for their purposes. The sufficiency of the procedures is solely the responsibility of the parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

For the purposes of performing these procedures, this report only describes exceptions exceeding \$10.

The procedures and the associated findings are as follows:

Cash (State Appropriations and Grants Funds)

1. Lorain County is the custodian for the Facility's deposits, and therefore the County's deposit and investment pool holds the Facility's assets. We compared the Facility's fund balances reported on its Statement of Receipts, Disbursements, and Changes in Fund Cash Balances for the Period ended June 30, 2020 to the balances reported in Lorain County's accounting records. The amounts agreed.
2. We agreed the July 1, 2018 beginning fund balances for each fund recorded in the Facility's copy of the Lorain County General Ledger Report (General Ledger Report) to the June 30, 2018 balances in the prior year audited statements. We found no exceptions. We also agreed the July 1, 2019 beginning fund balances recorded in the General Ledger Report to the June 30, 2019 balances in the General Ledger Report. We found no exceptions.

Cash (Offender Funds)

1. We recalculated the June 30, 2020 and June 30, 2019 bank reconciliations. We found no exceptions.
2. We agreed the July 1, 2018 beginning fund balances recorded in the Resident Program and Offender Personal Fund Reports to the June 30, 2018 balances in the prior year audited statements. We found no exceptions. We also agreed the July 1, 2019 beginning fund balances recorded in the Resident Program and Offender Personal Fund Reports to the June 30, 2019 balances in the Resident Program and Offender Personal Fund Reports. We found no exceptions.
3. We agreed the totals per the bank reconciliations to the total of the June 30, 2020 and 2019 fund cash balances reported in the Resident Program and Offender Personal Fund Reports. The amounts agreed.
4. We confirmed the June 30, 2020 bank account balances with the Facility's financial institution. We found no exceptions. We also agreed the confirmed balances to the amounts appearing in the June 30, 2020 bank reconciliation without exception.
5. We selected all reconciling debits (such as outstanding checks) from the June 30, 2020 bank reconciliation:
 - a. We traced each debit to the subsequent July bank statements. We found no exceptions.
 - b. We traced the amounts and dates to the Resident Program and Offender Personal Fund Reports, to determine the debits were dated prior to June 30. There were no exceptions.
6. We selected all reconciling credits (such as deposits in transit) from the June 30, 2020 bank reconciliation:
 - a. We traced each credit to the subsequent July bank statement. We found no exceptions.
 - b. We agreed the credit amounts to the Resident Program and Offender Personal Fund Reports. Each credit was recorded as a June receipt for the same amount recorded in the reconciliation.

Intergovernmental Receipts

1. We selected all five receipts from the State Distribution Transaction Lists (DTL) from fiscal year 2020 and all four from fiscal year 2019.
 - a. We compared the amount from the above report to the amount recorded in the General Ledger Report. The amounts agreed.
 - b. We inspected the General Ledger Report to determine these receipts were allocated to the proper fund. We found no exceptions.
 - c. We inspected the General Ledger Report to determine the receipts were recorded in the proper year. We found no exceptions.

Commissary and Inmate Trust Funds

1. We inquired of management and inspected the Offender Personal Fund Report to determine if the Commissary was established by the Facility and if it was maintained within a separate fund. We found that a separate Commissary fund was maintained.
2. We inspected the accounting ledgers for the Commissary fund for evidence that individual inmate accounts were established. Separate inmate accounts were maintained.
3. We selected 10 Commissary and Inmate Trust Fund over-the-counter cash receipts from the fiscal year ended June 30, 2020 and 10 Commissary and Inmate Trust Fund over-the-counter cash

receipts from the fiscal year ended June 30, 2019 recorded in the Offender Personal Fund Report and determined whether the:

- a. Receipt amount agreed to the total amount recorded in the Transaction Detail for Bank Transfer report. The amounts agreed.
 - b. Receipt was posted to the proper fund, was recorded in the proper year, and was posted to the proper inmate account. We found no exceptions.
4. We selected 10 Commissary and Inmate Trust Fund disbursements from the fiscal year ended June 30, 2020 and 10 Commissary and Inmate Trust Fund disbursements from the fiscal year ended June 30, 2019 recorded in the Offender Personal Fund Report and determined whether the:
 - a. Disbursement amount agreed to the amount recorded on the Goods/Service Report approved by the inmate. The amounts agreed.
 - b. Disbursement was posted to the proper fund, was recorded in the proper year, and was posted to the proper inmate account. We found no exceptions.
 5. We inspected the October 2019 and October 2018 monthly statements that were prepared indicating the individual inmate commissary balance and any deposits or purchases that were made during that month. These monthly statements were prepared.

Debt

1. The prior audit documentation disclosed no debt outstanding as of June 30, 2018.
2. We inquired of management, and inspected the General Ledger Report for evidence of debt issued during fiscal year end 2020 or 2019 or debt payment activity during fiscal years 2020 or 2019. We observed no new debt issuances, nor any debt payment activity during fiscal years 2020 or 2019.

Payroll Cash Disbursements

1. We selected one payroll check for five employees from fiscal year 2020 and one payroll check for five employees from fiscal year 2019 from the Payroll Worksheet and:
 - a. We compared the hours and pay rate, or salary recorded in the ADP Payroll Report to supporting documentation (timecard, legislatively or statutorily-approved rate or salary).
 - i. We inspected the new hire paperwork for the Retirement system, Federal, State & Local income tax withholding authorization.
 - ii. We agreed these items to the information used to compute gross and net pay related to this check.
 We found no exceptions.
 - b. We confirmed the payment was posted to the proper year. We found no exceptions.
2. We inspected the last remittance of tax and retirement withholdings for the year ended June 30, 2020 to confirm remittances were timely paid by the fiscal agent Lorain County, and if the amounts paid agreed to the amounts withheld, plus the employer's share where applicable, during the final withholding period of fiscal year 2020. We observed the following:

| Withholding (plus employer share, where applicable) | Date Due | Date Paid | Amount Due | Amount Paid |
|--|---------------------|----------------------|-----------------------|------------------------|
| Federal income taxes & Medicare | July 31, 2020 | June 22, 2020 | \$7,261 | \$7,261 |
| State income taxes | July 15, 2020 | June 19, 2020 | \$1,554 | \$1,554 |
| Local income tax | July 31, 2020 | June 19, 2020 | \$1,746 | \$1,746 |
| OPERS retirement | July 31, 2020 | June 19, 2020 | \$7,511 | \$7,511 |

Non-Payroll Cash Disbursements

1. We selected 10 disbursements from the General Ledger Report for the year ended June 30, 2020 and 10 from the year ended June 30, 2019 and determined whether:
 - a. The disbursements were for a proper public purpose. We found no exceptions.
 - b. The check number, date, payee name and amount recorded on the returned, canceled check agreed to the check number, date, payee name and amount recorded in the General Ledger Report and to the names and amounts on the supporting invoices. We found no exceptions.
 - c. The payment was posted to a fund consistent with the restricted purpose for which the fund's cash can be used. We found no exceptions.

Sunshine Law Compliance

1. We obtained and inspected the Facility's Public Records Policy to determine the policy was in accordance with Ohio Rev. Code §§ 149.43(E)(2) and 149.43(B)(7)(c) and did not limit the number of responses that may be made to a particular person, limit the number of responses during a specified period of time, or establish a fixed period of time before it will respond unless that period is less than eight hours. We found no exceptions.
2. We inquired with Facility management and determined that the Facility did not have any completed public records requests during the engagement period.
3. We inquired whether the Facility had a records retention schedule, and observed that it was readily available to the public as required by Ohio Rev. Code § 149.43(B)(2). We found no exceptions.
4. We inspected written evidence that the Public Records Policy was provided to the records custodian/manager as required by Ohio Rev. Code § 149.43(E)(2). We found no exceptions.
5. We inspected the Facility's policy manual and determined the public records policy was included as required by Ohio Rev. Code § 149.43(E)(2). We found no exceptions.
6. We observed that the Facility's poster describing their Public Records Policy was displayed conspicuously in all branches of the Facility as required by Ohio Rev. Code § 149.43(E)(2). We found no exceptions.
7. We selected five applications submitted to the Records Commission for one-time disposal of obsolete records, and management's review of the schedules of records retention and dispositions for the engagement period. We inspected the approval by the Records Commission for the five selected and the review of the schedules. We found no exceptions.
8. We inquired with Facility management and determined that the Facility did not have any elected officials subject to the Public Records Training requirements during the engagement period as required by Ohio Rev. Code §§ 149.43(E)(1) and 109.43(B).
9. We inquired with Facility management and determined that the Facility did not notify the general public and news media of when and where meetings during the engagement period were to be held as required by Ohio Rev. Code § 121.22(F).
10. We inspected the minutes of public meetings during the engagement period in accordance with Ohio Rev. Code § 121.22(C) and determined whether they were:
 - a. Prepared – a file is created following the date of the meeting
 - b. Filed – placed with similar documents in an organized manner
 - c. Maintained - retained, at a minimum, for the engagement period
 - d. Open to public inspection – available for public viewing or request.We found no exceptions.

11. We inspected the minutes of public meetings during the engagement period and determined no executive sessions in accordance with Ohio Rev. Code § 121.22(G) were held. We found no exceptions.

Other Compliance

1. Ohio Rev. Code Section 117.38 requires Facilities to file their financial information in the HINKLE system within 60 days after the close of the fiscal year. This statute also permits the Auditor of State to extend the deadline for filing a financial report and establish terms and conditions for any such extension. Auditor of State established policies, regarding the filing of complete financial statements, as defined in AOS Bulletin 2015-007 in the Hinkle System. We confirmed the Facility filed their complete financial statements, as defined by AOS Bulletin 2015-007 and Auditor of State established policy within the allotted timeframe for the years ended June 30, 2020 and 2019 in the Hinkle system. There were no exceptions.

We were engaged by the Facility to perform this agreed-upon procedures engagement and conducted our engagement in accordance with the attestation standards established by the AICPA and the Comptroller General of the United States' *Government Auditing Standards*. We were not engaged to, and did not conduct an examination or review engagement, the objective of which would be the expression of an opinion or conclusion, respectively, on the Facility's receipts, disbursements, balances and compliance with certain laws and regulations. Accordingly, we do not express an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

We are required to be independent of the Facility and to meet our ethical responsibilities, in accordance with the ethical requirements established by the Comptroller General of the United States' *Government Auditing Standards* related to our agreed upon procedures engagement.



Keith Faber
Auditor of State
Columbus, Ohio

October 4, 2021

OHIO AUDITOR OF STATE KEITH FABER



LORAIN MEDINA COMMUNITY BASED CORRECTIONAL FACILITY

LORAIN COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

This is a true and correct copy of the report, which is required to be filed pursuant to Section 117.26, Revised Code, and which is filed in the Office of the Ohio Auditor of State in Columbus, Ohio.



Certified for Release 10/19/2021

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This report is a matter of public record and is available online at
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