



**ENCLOSURE 2**

**FEDERAL FISCAL YEAR (FFY) 2011 IDEA PART B LEA PERFORMANCE DETERMINATIONS**

|                                 |  |
|---------------------------------|--|
| <b>LEA:</b>                     | Potomac Lighthouse Public Charter School |
| <b>Final Percentage Rating:</b> | 82%                                      |
| <b>Determination Level:</b>     | Meets Requirements                       |

**SUMMARY OF EACH REQUIRED ELEMENT AND RATING ASSIGNED**

| <b>Element</b> | <b>Element Description</b>  | <b>Determination</b>  | <b>Number of Points Achieved</b> | <b>Number of Points Possible</b> |
|----------------|---|---|----------------------------------|----------------------------------|
| <b>1</b>       | History, nature and length of time of any reported noncompliance (APR Indicators 4b, 9, 10, 11, 12, and 13) | <ul style="list-style-type: none"> <li>• Indicator 4b – N/A</li> <li>• Indicator 9 – N/A</li> <li>• Indicator 10 – N/A</li> <li>• Indicator 11 – not in compliance</li> <li>• Indicator 12 – N/A</li> <li>• Indicator 13 – N/A</li> </ul> | 0                                | 1                                |
| <b>2</b>       | Information regarding timely, valid and reliable data   | <ul style="list-style-type: none"> <li>• All data are submitted timely</li> </ul>   | 4                                | 4                                |
| <b>3a</b>      | Identified noncompliance from on-site compliance monitoring and/or focused monitoring                       | <ul style="list-style-type: none"> <li>• LEA did not receive a report in FFY 2010 as the result of an on-site monitoring visit</li> </ul>   | N/A                              | N/A                              |
| <b>3b</b>      | Dispute resolution findings   | <ul style="list-style-type: none"> <li>• No dispute resolution complaints were filed against the LEA</li> </ul>   | N/A                              | N/A                              |

|   |   |   |                    |                    |
|---|---|---|--------------------|--------------------|
| 4 | Outcomes of sub-recipient audit reports   | <ul style="list-style-type: none"> <li>• Timely submission of A-133 Report (if applicable) – N/A</li> <li>• Type of Auditor’s A-133 Report Issued on Compliance (if applicable) – N/A</li> <li>• Significant deficiencies identified by the Auditor that are not a material weakness in the A-133 Report (if applicable) – N/A</li> <li>• Material weaknesses identified by the Auditor in the A-133 Report (if applicable) – N/A</li> <li>• Auditor’s designation as low-risk sub-recipient in the A-133 Report (if applicable) – N/A</li> <li>• Significant deficiencies identified by the Auditor that are not a material weakness in the annual independent audit – 4 points</li> <li>• Material weaknesses identified by the Auditor in the annual independent audit – 4 points</li> <li>• Noncompliance or other matters identified by the Auditor that is required to be reported under Government Auditing Standard – 4 points</li> </ul> | 4 (average points) | 4 (average points) |
| 5 | Other data available to OSSE regarding the LEA’s compliance with the IDEA, including, but not limited to, relevant financial data | <ul style="list-style-type: none"> <li>• Timely LEA submission of Phase I and Phase II applications and reimbursement for a minimum of 45% of its IDEA, Section 611 funds within the first 15 months of the FFY 2011 grants cycle</li> </ul>  | 4                  | 4                  |
| 6 | Compliance with the IDEA Maintenance of Effort (MOE) requirement  | <ul style="list-style-type: none"> <li>• LEA in compliance with the IDEA MOE requirement and LEA reported on MOE to OSSE timely</li> </ul>  | 2                  | 2                  |
| 7 | Performance on selected District of Columbia State Performance Plan (SPP) indicators  | <ul style="list-style-type: none"> <li>• LEA did not meet minimum “n” size for disability subgroup</li> </ul>   | 0                  | 0                  |

|   |  |  |     |   |
|---|--|--|-----|---|
| 8   | Evidence of correction of findings of noncompliance, including progress toward full compliance | <ul style="list-style-type: none"> <li>Less than 90% of noncompliance corrected within one year after the identification of the noncompliance</li> </ul> | 0   | 2 |
| <b>Total Number of Points Achieved</b>                        |  |  | 14  |   |
| <b>Total Possible Points from Applicable Elements</b>         |  |  | 17  |   |
| <b>Percentage of Points Achieved from Applicable Elements</b> |  |  | 82% |   |