OMB Number: 3060-0754  Edition date: September 2014

Form 2100 Schedule H, Application for Media Bureau Audio and Video Service Authorization
Estimated time per response: 12 hours

Children’s Television Programming Report

General Information

*Indicates required field

*Report reflects information for quarter: [ ] 2016

Application Description

Description of the application (500 characters max), is visible only to you and is not part of the submitted application. It will be displayed in your Application workspace.

Children’s Television 100%

Attachments

* Are attachments other than associated schedule being filed with this application?

[ ] Yes  [ ] No  [ ] Clear

Save & Continue
# Children's Television Programming Report

## Applicant Information

* Indicates required field

**Authorization Holder Name**

- Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

**Applicant Name and Type**

<table>
<thead>
<tr>
<th>* Applicant Type:</th>
<th>Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Company Name:</td>
<td></td>
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</tbody>
</table>

**Doing Business As:**

<table>
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<th>Doing Business As:</th>
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**Applicant Information**

<table>
<thead>
<tr>
<th>Attention To:</th>
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</thead>
<tbody>
<tr>
<td>Country:</td>
</tr>
<tr>
<td>* Country: United States</td>
</tr>
<tr>
<td>PO Box:</td>
</tr>
<tr>
<td>* Either PO Box or Address Line 1 is required.</td>
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<tr>
<td>Address Line 1:</td>
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<tr>
<td>Address Line 2:</td>
</tr>
<tr>
<td>* City:</td>
</tr>
<tr>
<td>* State: South Dakota</td>
</tr>
<tr>
<td>* Zip Code:</td>
</tr>
<tr>
<td>* Phone:</td>
</tr>
<tr>
<td>* Email:</td>
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</tbody>
</table>
Children's Television Programming Report

Children's Television Information

* indicates required field

Station Type

* Please select the station type:
  - Network Affiliation
  - Independent

Enter affiliated network:

* Nielsen DMA:

Not Applicable

World Wide Web Home Page Address:

« Back  Save & Continue »

APPLICATION SECTIONS

- General Information
- Applicant Information
- Contact Representatives
- Children's Television Information
- Digital Core Programming
- Digital Core Programming Summary
- Non-Core Educational & Informational Programming Summary
- Sponsored Core Programming Summary
- Liaison Contact
- Other Matters
- Application Summary
- Certify
Digital Core Programming

* Indicates required field

Digital Core Programming

* State the average number of hours of Core Programming per week broadcast by the station on its main program stream: 

* State the average number of hours per week of free over-the-air digital video programming broadcast by the station on other than its main program stream: 

* State the average number of hours per week of Core Programming broadcast by the station on other than its main program stream. See 47 C.F.R. Section 73.671: 

* Does the Licensee provide information identifying each Core Program aired on its station, including an indication of the target child audience, to publishers of program guides as required by 47 C.F.R. Section 73.678?

   Yes   No   «Clear

Identify publishers who were sent information.

* Does the Licensee certify that at least 50% of the Core Programming counted toward meeting the additional programming guideline (applied to free video programming aired on other than the main Yes No program stream) did not consist of program episodes that had already aired within the previous seven days either on the station’s main program stream or on another of the station’s free digital program streams?

   Yes   No   «Clear

«Back   Save & Continue »
Add Digital Core Programming

* Indicates required field

Complete the following for each program that you aired during the past three months that meets the definition of Core Programming. Complete chart below for each Core Program.

Core Program

* Title of Program:

* Please select an Origination:
  - Local
  - Network
  - Syndicated

* Days/Times Program Regularly Scheduled:

* Total times aired at regularly scheduled time:

* Number of Preemptions:

* Number of Preemptions Rescheduled:

* Number of Preemptions for other than Breaking News:

* Length of Program: __________ Minutes

* Age of Target Child Audience from: __________ to __________

* Describe the educational and informational objective of the program and how it meets the definition of Core Programming:

* Does the Licensee Identify the program by displaying throughout the program the symbol E/I?
  - Yes
  - No
  = Clear

Save & Add Another » Save & Continue »
Children’s Television Programming Report

Add Non-Core Educational and Informational Programming

* Indicates required field

Complete the following for each program that you aired during the past three months that meets the definition of Core Programming. Complete chart below for each Core Program.

**Core Program**

* Title of Program: ____________________________

* Please select an Original:
  - Local
  - Network
  - Syndicated

* Days/Time Program Regularly Scheduled: ________

* Total times aired at regularly scheduled time: ________

* Number of Preemptions: ________

* Length of Program: ________ Minutes

* Age of Target Child Audience from: ________ to ________ Years

* Describe the educational and informational objective of the program and how it meets the definition of Core Programming.

* Does the program have educating and informing children ages 16 and under as a significant purpose?
  - Yes
  - No

[Save & Add Another] [Save & Continue]
Children's Television Programming Report

Add Sponsored Core Programming

* Indicates required field

Complete the following for each program that you aired during the past three months that meets the definition of Core Programming. Complete chart below for each Core Program.

**Core Program**

* Title of Program: 

* Call Letters of Station Airing Sponsored Program: 

* Channel Number of Station Airing Sponsored Program: 

* Did total programming increase?  
  - Yes 
  - No 

* Please select an Originaton:  
  - Local 
  - Network 
  - Syndicated 

* Days/Times Program Regularly Scheduled: 

* Total times aired at regularly scheduled time: 

* Number of Preemptions: 

* Length of Program: 

* Age of Target Audience from: 
  - To 

* Describe the educational and informational objective of the program and how it meets the definition of Core Programming.

* Does the Licensee identify the program by displaying throughout the program the symbol EI?  
  - Yes 
  - No
Children's Television Programming Report

Liaison contact

* Indicates required field

* Does the Licensee publicize the existence and location of the station's Children's Television Programming Reports (FCC 398) as required by 47 C.F.R. Section 73.3526(a)(13)(ii)?
  - Yes
  - No

* Name of children's programming liaison:

* Address:

* City:

* State: South Dakota

* Zip Code:

* Telephone Number:

* Email:

Include any other comments or information you want the Commission to consider in evaluating your compliance with the Children's Television Act or use this space for supplemental explanations. This may include information on any other noncore educational and informational programming that you aired this quarter or plan to air during the next quarter, or any existing or proposed non-broadcast efforts that will enhance the educational and informational value of such programming to children. See 47 C.F.R. Section 73.671, NOTES 2 and 3.
Add Other Matters

* indicates required field

Complete the following for each program that you plan to air for the next quarter that meets the definition of Core Programming. Complete chart below for each Core Program.

Core Program

* Title of Program: __________

* Please select a Origination:

- Local
- Network
- Syndicated

* Days/Times Program Regularly Scheduled:

* Total Times to be Aired at regularly scheduled time:

* Length of Program: ________ Minutes

* Age of Target Child Audience from: ________ Years to ________ Years

Describe the educational and informational objective of the program and how it meets the definition of Core Programming.

______
FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 12 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0754), Washington, DC 20554. We will also accept your comments via
the Internet if your send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0754.