Approved by OMB (Office of Management and Budget) 3060-0754
December 2019

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0023414378** | File Number: **0000117349** | Submit Date: **07/08/2020** | Call Sign: **WELU** | Facility ID: **26602** | City: **TOA BAJA** | State: **PR**

Service: **Full Service Television** | Purpose: **Children's TV Programming Report** | Status: **Received** | Status Date: **07/08/2020** | Filing Status: **Active**

Report reflects information for year 2019

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
SENDA EDUCATIONAL BROADCASTING INC	Marisol Reyes-Rolon PO Box 24 Toa Alta, PR 00954 United States	+1 (787) 200-1950	sh.telecadenasbn@gmail.com	Company

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
Francisco R. Montero , Esq . Fletcher, Heald & Hildreth, PLC	1300 North 17th Street 11th Floor Arlington, VA 22209 United States	+1 (703) 812-0400	montero@fhhlaw.com	Legal Representative
GRAFTON OLIVERA *CONSULTING ENGINEER* GRAFTON OLIVERA, P.E.	GRAFTON OLIVERA 5119 60TH DRIVE E Bradenton, FL 34203 United States	+1 (941) 323-0381	GRAFTON.OLIVERA@ME.COM	Technical Representative

Children's Television Information

Section	Question	Response
Station Type	Station Type	Network Affiliation
	Affiliated network	CTNI
	Nielsen DMA	NA
	Web Home Page Address	www.sbnnetwork.org

Digital Core Programming

Question	Response
Indicate which of the Core Programming safe harbor processing guidelines the station elected to utilize during the covered reporting period to demonstrate compliance with the Children's Television Act of 1990 (See 47 CFR Section 73.671(d))	Category A, Option 1: Three-hours per week (as averaged over a six-month period) of Core Programming
State the total number of hours of regularly scheduled weekly Core Programming broadcast per quarter by the station on its main program stream	**Q1:** 0.0 **Q2:** 0.0 **Q3:** 6.0 **Q4:** 39.0
State the total number of hours of regularly scheduled weekly Core Programming broadcast per quarter by the station on a multicast stream	**Q1:** 0.0 **Q2:** 0.0 **Q3:** 0.0 **Q4:** 0.0
Does the Licensee provide information identifying each Core Program aired on its station to publishers of program guides as required by 47 CFR Section 73.673?	Yes

Digital Core Programs(3)

Digital Core Program (1 of 3)	Response
Title of Program	SHABUM
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	15
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	**Main Program Stream** **Q1:**0.0, **Q2:**0.0, **Q3:**1.0, **Q4:**6.5 **Multicast Stream** **Q1:**0.0, **Q2:**0.0, **Q3:**0.0, **Q4:**0.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes
Age Range of Target Child Audience	12 and under
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Digital Core Program (2 of 3)	Response
Title of Program	CLUB DEL ARCA
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	15
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	**Main Program Stream** **Q1:**0.0, **Q2:**0.0, **Q3:**1.0, **Q4:**6.5 **Multicast Stream** **Q1:**0.0, **Q2:**0.0, **Q3:**0.0, **Q4:**0.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes

Age Range of Target Child Audience	12 and under
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Digital Core Program (3 of 3)	**Response**
Title of Program	TU HISTORIA PREFERIDA
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	15
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	**Main Program Stream** **Q1:**0.0, **Q2:**0.0, **Q3:**1.0, **Q4:**6.5 **Multicast Stream** **Q1:**0.0, **Q2:**0.0, **Q3:**0.0, **Q4:**0.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes
Age Range of Target Child Audience	12 and under
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Sponsored Core Programming (0)

Liaison Contact /Other Efforts

Question	Response
Name of children's programming liaison	OMARYS
Address	VELAZQUEZ
City	VEGA ALTA
State	PR
Zip	00953
Telephone Number	(787) 200-1950
Email Address	OMRYSVELAZQUEZ@HOTMAIL.COM

Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the Children's Television Programming, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the Children's Television Programming; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23 (a), who is authorized to represent the party filing the Children's Television Programming, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information,and belief there is good ground to support it; and that it is not interposed for delay. **FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID** Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).	
I certify that this application includes all required and relevant attachments.	Yes
I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	**MARISOL REYES-ROLON** *PRESIDENT* 07/08/2020

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WELU_Antidrug.pdf	Applicant	All Purpose	WELU ANTIDRUG CAMPAING	Done with Virus Scan and/or Conversion