



(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0008397077** | File Number: **0000179032** | Submit Date: **01/06/2022** | Call Sign: **KDHW-CD** | Facility ID: **10907**
City: **YAKIMA** | State: **WA**
Service: **Digital Class A** | Purpose: **Children's TV Programming Report** | Status: **Received** | Status Date: **01/06/2022**
Filing Status: **Active**

Report reflects information for year 2021

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
CHRISTIAN BROADCASTING OF YAKIMA Doing Business As: CHRISTIAN BROADCASTING OF YAKIMA	Karen Schoff PO Box 10745 PO Box 10745 YAKIMA, WA 98909 United States	+1 (509) 972- 0926	cbyhub@cbytv. org	Company

**Contact
Representatives
(2)**

Contact Name	Address	Phone	Email	Contact Type
Rafael Fernandez <i>Engineer</i> Christian Broadcasting of Yakima	2400 West "J" Street Suite F Yakima, WA 98902 United States	+1 (509) 248- 0194	rafael25@charter. net	Technical Representative
Karen Schoff <i>Station Manager</i> Christian Broadcasting of Yakima	Karen Schoff PO Box 10745 YAKIMA, WA 98909 United States	+1 (509) 972- 0926	cbyhub@cbytv.org	Station Manager

**Children's
Television
Information**

Section	Question	Response
Station Type	Station Type	Network Affiliation
	Affiliated network	TBN
	Nielsen DMA	Yakima-Pasco-RchInd-Knnwck
	Web Home Page Address	www.cbytv.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: 3.0 Q2: 3.0 Q3: 3.0 Q4: 3.0
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(1)

Digital Core Program (1 of 1)	Response
Title of Program	Veggietales
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	Program that is not regularly scheduled on a weekly basis, such as regularly scheduled non-weekly program or educational special at least 30 minutes in length
Total Times Aired	185
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: 34.0, Q2: 19.5, Q3: 19.5, Q4: 19.5 Multicast Stream Q1: 0.0, Q2: 0.0, Q3: 0.0, Q4: 0.0
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	Karen Schoff
Address	P O Box 10745
City	Yakima
State	WA
Zip	98909
Telephone Number	(509) 972-0926
Email Address	cbyhub@cbytv.org

Certification

Question	Response
<p>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.</p> <p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</p> <p>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.</p> <p>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).</p>	
<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Karen Lynn Schoff , Schoff . station manager</p> <p>01/06 /2022</p>

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2021Program Discription.pdf	Applicant	All Purpose		Done with Virus Scan and/or Conversion