

(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0004343323** File Number: **0000181671** Submit Date: **01/27/2022** Call Sign: **WTIN-TV** Facility ID: **26681**

City: **PONCE** State: **PR**

Service: Full Service Television Purpose: Children's TV Programming Report Status: Received Status Date:

01/27/2022 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?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TELEVICENTRO OF PUERTO RICO, LLC	Jorge Hidalgo PO Box 362050 SAN JUAN, PUERTO RICO 00936-2050 Puerto Rico	7877924444	jorge.hidalgo@wapa- tv.com	Company

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
Sally A. Buckman , ESQ . LEGAL REPRESENTATIVE Lerman Senter PLLC	Sally A. Buckman, Esq. 2001 L Street, NW SUITE 400 Washington, DC 20036 United States	+1 (202) 429- 8970	sbuckman@lermansenter. com	Legal Representative
Alejandro Luciano , PE . <i>Technical Consultant</i> Alejandro Luciano PE	Alejandro Luciano PE PO Box 194528 San Juan, PR 00919 United States	+1 (787) 717- 6984	aluciano@aluciano.com	Technical Consultant

Children's Television Information

Section	Question	Response
Station Type	Station Type	Independent
	Affiliated network	
	Nielsen DMA	NA
	Web Home Page Address	www.wapa.tv

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 sixmonth 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: 26.0 Q2: 26.0 Q3: 26.0 Q4: 26.0
State the total number of hours of regularly scheduled weekly Core Programming broadcast per quarter by the station on a multicast stream	Q1: 13.0 Q2: 13.0 Q3: 13.0 Q4: 13.0
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	TODD WORLD
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	42
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:13.0, Q2:8.0, Q3:0.0, Q4:0.0 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	DIVE OLIVE DIVE
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	146
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:13.0, Q2:8.0, Q3:0.0, Q4:0.0 Multicast Stream Q1:13.0, Q2:13.0, Q3:13.0, Q4:13.0
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	ATENCION ATENCION
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	124
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, Q2:10.0, Q3:26.0, Q4:26.0 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	Jimmy Arteaga
Address	P.O. Box 362050
City	San Juan
State	PR
Zip	00936-2050
Telephone Number	(787) 792-9997
Email Address	jimmyarteaga@wapa-tv.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.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

Alexandra

Yes

Assistant To
The President
Of
Programming,
Promotions
and
Production

01/27/2022

Attachments

No Attachments.